

Case Number:	CM15-0118226		
Date Assigned:	06/26/2015	Date of Injury:	07/03/2011
Decision Date:	09/01/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old female, who sustained an industrial injury on July 3, 2001. She reported sharp right hand that radiated to her arm. The injured worker was diagnosed as having lateral epicondylitis, carpal tunnel syndrome, and pain in limb. On December 4, 2011, electromyography/nerve conduction studies of the bilateral upper extremities revealed no electroneurographic indicators of carpal tunnel syndrome or ulnar neuropathy in the bilateral upper extremities. There were electromyographic indicators of acute cervical radiculopathy noted. Treatment to date has included physical therapy, massages, ice, and medications including short proton pump inhibitor and non-steroidal anti-inflammatory medication. There were no noted previous injuries or dates of injury, and no noted comorbidities. The current work status was not discussed in the provided documentation. On June 1, 2015, the injured worker complains of continued bilateral wrist pain radiating up towards her elbows and shoulders. Her pain medications allow her to function. She is currently taking a proton pump inhibitor medication. The physical exam revealed tenderness to pressure, normal range of motion, positive bilateral Cozen's test, and negative bilateral Tinel's tests of the bilateral lateral elbows. There were well-healed scars consistent with carpal tunnel release of the bilateral wrists, decreased sensation in bilateral hands, normal range of motion of the bilateral wrists, positive Tinel's test of the bilateral wrists, and negative bilateral Finkelstein's test of the bilateral wrists. The treatment plan includes a refill of Omeprazole DR 20mg one daily. Requested treatments include: Omeprazole DR with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole DR 20mg capsule with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, proton pump inhibitor medication is recommended when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease. There is a lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is less than 65 years old without a history of peptic ulcer, GI bleeding or perforation. The injured worker is not being treated with high dose/multiple non-steroidal anti-inflammatory drugs or concurrent aspirin, corticosteroids, and/or an anticoagulant. The injured worker had been taking the non-steroidal anti-inflammatory medication Naprosyn along with Omeprazole DR, but the Naprosyn was discontinued on June 1, 2015. Therefore, the Omeprazole DR is not medically necessary.