

Case Number:	CM15-0124037		
Date Assigned:	07/08/2015	Date of Injury:	08/29/2013
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 41-year-old male who sustained an industrial injury on 08/29/2013. Diagnoses include right medial and lateral epicondylitis and clinical evidence of right carpal tunnel syndrome and right cubital tunnel syndrome. Treatment to date has included medications, platelet rich plasma injections, cortisone injections, physical therapy and splinting. MRI of the right elbow on 11/6/14 showed moderate tendinopathy of the common flexor origin, consistent with medial epicondylitis; mild edema of the common extensor origin was noted; and slight enlargement of the ulnar nerve was seen, as it entered the cubital tunnel. Electrodiagnostic testing of the bilateral upper extremities on 12/3/14 was consistent with distal right ulnar neuropathy. According to the progress notes dated 5/5/15, the IW reported pain in the medial and lateral elbow with numbness and tingling in the right hand. On examination, there was tenderness over the medial flexor origin and lateral extensor origin, over the ulnar nerve at the right medial elbow and over the right median nerve at the wrist. Resisted wrist flexion and extension were painful. Tinel's sign was positive over the right medial elbow. Voltaren and Prilosec were dispensed for pain and for stomach protection due to anti-inflammatories. A request was made for retrospective review for Prilosec 20mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 prescription is not medically necessary.