

Case Number:	CM15-0174888		
Date Assigned:	09/16/2015	Date of Injury:	06/24/2014
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 47 year old male, who sustained an industrial injury on June 24, 2014. Medical records indicate that the injured worker is undergoing treatment for right hand-wrist sprain-strain, right ring finger stenosing tenosynovitis, right carpal tunnel syndrome and right elbow mild ulnar neuropathy. The injured worker was noted to be temporarily totally disabled. Current documentation dated August 11, 2015 notes that the injured worker reported right wrist and hand pain. The pain was increased with physical activities. Examination of the right wrist and hand revealed tenderness to palpation over the volar wrist. Gastrointestinal objective findings noted no constipation, diarrhea, nausea or vomiting. Documentation dated April 14, 2015 notes that the injured worker had heartburn, related to the use of Ibuprofen. Treatment and evaluation to date has included medications, electrodiagnostic studies (8-29-2014), physical therapy, a home exercise program and right carpal tunnel release surgery on 5-11-2015. The injured worker was to start occupational therapy on 8-17-2015. Current medications include Omeprazole and Mobic. It is unclear how long the injured worker has been prescribed Omeprazole. Current requested treatments include a request for Omeprazole 20 mg # 60. The Utilization Review documentation dated August 24, 2015 non-certified the request for Omeprazole 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are right elbow mild ulnar neuropathy; right-hand ring finger stenosis tenosynovitis; right hand/wrist sprain strain; right wrist median neuropathy; and right wrist status post carpal tunnel release. Date of injury is June 24, 2014. Request for authorization is August 17, 2015. According to a progress note dated August 30, 2014, the treating provider prescribed omeprazole 20 mg and Motrin. According to the most recent progress note dated August 11, 2015, subjective complaints include right hand and wrist pain. There are no comorbid conditions or risk factors for gastrointestinal events. There is no clinical indication or rationale for continued omeprazole. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale to support proton pump inhibitors, Omeprazole 20 mg #60 is not medically necessary.