

Case Number:	CM15-0096492		
Date Assigned:	05/26/2015	Date of Injury:	01/23/2009
Decision Date:	07/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/19/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male with an industrial injury dated 01/23/2009 (01/24/2008 to 01/24/2009 cumulative trauma). His diagnoses included high-pressure hydraulic oil penetrating injury to palm of right hand, probable chronic pain syndrome and status post right shoulder arthroscopic surgery. Prior treatment included right shoulder arthroscopic surgery, medications (omeprazole and pain medications) hand surgery, physical therapy, psych evaluation and cervical epidural steroid injection. He presents on 02/02/2015 for an agreed medical evaluation. At that time, he was complaining of neck pain, right shoulder pain, right elbow, right hand and low back pain. He was also complaining of experiencing heartburn. In the agreed medical evaluation, record review documentation indicates on 01/13/2014 the injured worker had complained of upset stomach with medications and there is a notation of non-steroidal related gastritis. The treatment plan and request is 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:

Prilosec 20mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24; 68; 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. An initial physician reviewer may not have had access to all of the medical records, including those, which document ongoing *c/o* NSAID gastritis. The records in this case do document symptoms of gastric reflux due to NSAID use; the request is medically necessary.