

Case Number:	CM15-0098537		
Date Assigned:	05/29/2015	Date of Injury:	12/29/2010
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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

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 60 year old male patient who sustained an industrial injury on 12/29/2010. A primary treating office visit dated 01/19/2015 reported the patient with subjective complaint of wrist pain with associated weakness of grip and numbness into the fingertips with tightness. There is tightness and pain in the armpit when he extends his arm. There is swelling in the hands and wrists. Objective findings showed a positive Phalen's left wrist. The following diagnoses were applied: overuse syndrome, left upper extremity, medical ulnar neuropathy, left wrist at the carpal tunnel and Guyon's canal. The plan of care noted the patient continuing with current medications Tramadol, Omeprazole, Naproxen, and pending authorization to undergo surgical intervention left tunnel release. A visit dated 03/09/2015 showed the patient using Tramadol as needed, not working and not attending any therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole cap 20mg #30 Supply: 30 days with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole cap 20mg #30 Supply: 30 days with 5 refills is not medically necessary and appropriate.