

Case Number:	CM13-0038132		
Date Assigned:	12/18/2013	Date of Injury:	05/13/2008
Decision Date:	02/03/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male with a reported date of injury on 05/13/2008. The patient presented with swelling over the outside (lateral) of his foot, pain on the outside of his foot when putting weight on it, tingling in the 4th and 5th toes upon palpation of the foot, pinching pain to the bottom of the left foot near the 2nd and 3rd toe joints, a cold sensation in the bottom of his entire leg, as well as the top of his entire foot, right shoulder pain, pain with palpation over the left quadriceps muscle, hammertoe deformities of the 2nd through 4th toes bilaterally, and swelling of the left ankle and foot status post injection. The patient had diagnoses including sinus tarsi syndrome, left ankle capsulitis, swelling of the lower extremity, and pain of the lower extremity. The physician's treatment plan included request for omeprazole 20 mg #60 and a Medrol Dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: 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 Page(s): s 68-69.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for patients at intermediate risk for gastrointestinal events with no cardiovascular disease and patients at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note to determine if the patient is at risk for gastrointestinal events: (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). Within the provided documentation, the provider noted omeprazole would help to decrease the patient's stomach pain and allow the patient to take his anti-inflammatory medication and be more functional and complete activities of daily living. The provider recommended a consultation with an internist due to the patient's severe stomach issues. Within the provided documentation, it was unclear if the patient had a history of ulcers, GI bleeding, or perforation. The requesting physician did not provide adequate documentation of the origin or contributing factors of the patient's stomach issues. Additionally, within the provided documentation the efficacy of the medication was not documented. Therefore, the request for omeprazole 20 mg #60 is neither medically necessary nor appropriate.

Medrol Dose Pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg, Pain (chronic), & Low back, Oral corticosteroids

Decision rationale: The California MTUS guidelines do not specifically address the use of oral corticosteroids. ACOEM states, the use of oral corticosteroids for patients with low back pain is not recommended. The Official Disability Guidelines note oral corticosteroids are not recommended for patients with knee pain and chronic pain. The guidelines note they are recommended in limited circumstances for acute radicular pain. The criteria for the use of corticosteroids (oral/parenteral for low back pain) includes: patients should have clear-cut signs and symptoms of radiculopathy; risks of steroids should be discussed with the patient and documented in the record; and the patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. Within the provided documentation, a Medrol Dosepak was recommended for the patient in order help decrease generalized swelling throughout the patient's body and especially in the left ankle and foot. The guidelines do not recommend the use of a Medrol Dosepak for patients with chronic pain or knee pain. The Official Disability Guidelines recommend the use of corticosteroids for patients with acute radicular pain. Within the provided documentation, it did not appear the patient had findings congruent with acute radicular pain. Therefore, the request for a Medrol Dosepak is neither medically necessary nor appropriate.

