

<b>Case Number:</b>	CM14-0006428		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Ohio. 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/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 injured worker is a 38-year-old female who reported an injury on 08/16/2012 after she stepped into a hole in the ground and fell. She sustained an injury to her right foot. She ultimately developed chronic pain that was treated with medications. The injured worker was evaluated on 11/27/13. It was documented that the injured worker had tenderness to palpation at the base of the 2nd through the 3rd metatarsals. The injured worker's diagnoses included Lisfranc joint fracture with subluxation of the right foot, residual degenerative joint disease, and peroneal tendinitis of the right foot. The injured worker's treatment plan included the continuation of a home exercise program and medications to include Tramadol 50mg, Ketoprofen 75mg, and Prilosec 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 OMEPRAZOLE 20MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs (NON-STEROIDAL AND ANTI-INFLAMMATORY), 68

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

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker has been taking this medication for an extended duration of time. The California MTUS Chronic Pain Medical Treatment Guidelines recommend ongoing use of gastrointestinal protectants be supported by documentation that the injured worker is at risk for developing gastrointestinal symptoms related to medication usage. The clinical documentation submitted for review did not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at significant risk for developing disturbances related to medication usage. Therefore, continued use of this medication would not be supported. As such, the request is not medically necessary.