

Case Number:	CM14-0015181		
Date Assigned:	06/04/2014	Date of Injury:	10/01/1995
Decision Date:	08/01/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/06/2014

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 is licensed to practice in Illinois. 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 45-year-old male who reported an injury on 10/05/1995 while stepping off of a curb and hyperextending his foot. The injured worker had a history of lower back pain and lower right foot pain. The injured worker had diagnoses of lumbago, cervicgia and myofascial pain. The medications included Prilosec 20 mg, ibuprofen 800 mg, and Norco 10/325 mg. The injured worker rated his pain at 7/10 using the VAS to the right lower extremity. The past treatment included physical therapy to the right ankle. The physical examination to the right lower extremity dated 05/19/2014 indicated decreased range of motion with flexion; muscle strength and tone to the ankle was normal. The treatment plan included to continue with medication regimen and recommended an MRI of the right lower extremity. The request for authorization form dated 01/14/2014 with authorization for MRI and Prilosec. The rationale for the MRI and for the Prilosec was not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Calf Area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The decision for MRI of the right calf area is not medically necessary. The California MTUS/ACOEM indicates the decision for most cases presenting with true foot and ankle disorders do not need special studies until after conservative care and observation. Disorders of soft tissue field negative radiographs and do not warrant a magnetic resonance imaging. Per the physical therapy note dated 10/31/2013, this revealed tension in the calf muscle that was treated with calf stretching, slant board x 1 minute, recumbent bike and ice/interferential current times 15 minutes. The note dated 05/19/2014 indicated that the injured worker was off balance; however, was able to ambulate to the office. The documentation provided did not provide objective finding to support the requested MRI. The injured worker was diagnosed with ankle pain and foot pain and there was a lack of rationale for the requested MRI of the right calf. As such, the request for the MRI to the right calf muscle is not medically necessary.

Prilosec DR 20MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk, Proton Pump Inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The decision for Prilosec DR 20 mg #240 is not medically necessary. Per California Medical Treatment Utilization Schedule Guidelines, Prilosec 20 mg is recommended for patients at risk of gastrointestinal events. Long-term use of proton pump inhibitors has been shown to increase the risk of hip fractures. Per the documentation given, there is no evidence of the injured worker having gastrointestinal events or has been diagnosed with having gastrointestinal events. Per the note dated 06/13/2013, the injured worker has been prescribed Prilosec and also noted on the 05/19/2014 note that Prilosec was prescribed to the injured worker. There is a lack of documented efficacy of the medication to support continuation. The request does not include the frequency of the medication. Given the above, the request for Prilosec 20 mg is not medically necessary.