

<b>Case Number:</b>	CM14-0138959		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/14/2008
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 53-year-old male who has submitted a claim for capsulitis, plantar fasciitis, left ankle synovitis, and subungual hematoma, associated with an industrial injury date of 05/14/2008. Medical records from August 2014 to September 2014 were reviewed. Patient complained of pain in the left ankle and foot. The patient could not stand with single crutch. Medications provided temporary relief, which allowed getting housework done. Patient also complained of pain in the left knee, increased in walking. He could not fully straighten his knees. He also complained of pain in the lower back, wrists, and elbows. Physical examination revealed swelling on the left ankle. There was tenderness on the left gastrocnemius muscle, posterior tendon, peroneal tendon, ankle, plantar fascia at the medial tubercle, and lateral gutter of the ankle. Tinel's sign was positive. There was decreased tone and turgor of the right foot and ankle. There were noted hammer toes at the soft tissue of the bilateral fifth digit with mild bunion. There was tenderness on the right Achilles. Vascular examination of the bilateral dorsalis arteries was 3/4. Neurological examination of the lower extremities revealed decrease bilateral sensation on touch. Right sensation was greater than left. He underwent arthroscopy of the left ankle, undated. Treatment to date has included Norco and Omeprazole. Utilization review from August 12, 2014 denied request for Omeprazole 20mg #60, due to lack of gastrointestinal symptoms or of increased gastrointestinal risks. There is no gastrointestinal diagnosis. There is no documentation that mentioned any gastrointestinal risks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** As stated on pages 68-69 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both gastrointestinal and cardiovascular risk factors: age > 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, it was not specified in the documents, when the anti-inflammatory medical therapy was started. Moreover, the records did not mention any gastrointestinal symptoms or risks. Patient likewise did not meet any of the aforementioned risk factors. There is likewise no gastrointestinal diagnosis. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.