

Case Number:	CM14-0157118		
Date Assigned:	10/13/2014	Date of Injury:	05/03/2012
Decision Date:	12/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 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:

This is a 44-year-old male with a work related injury dated May 3, 2012. Treatment history included pain management with oral pain medications, topical pain relieving medications, muscle relaxants, a home exercise program, a TENS unit and a home paraffin bath to affected area. The documentation of the treating physician's visit dated August 21, 2014, reflected that the worker was experiencing left ankle pain that comes and goes and increased with standing and walking. Pain was rated four on a scale of ten. Diagnoses at this visit included osteochondral defect in the ankle, left ankle sprain, sinus tarsi syndrome and chronic pain. Treatment plan documented this visit included naproxen, paraffin for home use, Voltaren gel one percent for topical use, a home exercise program and refill of omeprazole and Fenoprofen calcium. The work status portion of the visit documentation was not completed for this visit. According to the utilization review report dated September 15, 2014, the request for Omeprazole 20mg, 60 counts was non-certified. The rationale for non-coverage given stated that a proton pump inhibitor medication is used for treating acid-induced inflammation and ulcers of the stomach and duodenum, Gastroesophageal reflux disease and Zollinger-Blison Syndrome. The physician's documentation dated August 21, 2014 did not identify that the worker was at an increased risk of a gastrointestinal event. Given this documentation, the request for Omeprazole was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The patient presents with Osteochondral defect, ankle pain on a scale of 4/10 and Sinus Tarsi Syndrome. The current request is for Omeprazole 20mg #60. The MTUS Guidelines state omeprazole is recommended with precautions, (1) age more than 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). Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case there was no documentation provided indicating that the treating physician followed MTUS guidelines by determining if the patient was at risk for gastrointestinal events. Therefore, Omeprazole 20mg #60 is not medically necessary.