

<b>Case Number:</b>	CM14-0171970		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/21/2008
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 42-year-old male with an injury date of 08/21/08. Based on the 06/18/14 progress report provided by [REDACTED], the patient complains of right foot and ankle pain rated 5/6/10. Physical examination revealed antalgic gait noted on right, leg length discrepancy and tenderness on the right ankle. His medications include Etodolac for pain and inflammation, Nortriptyline for neuropathic pain and Omeprazole for reflux associated with medications. Current medications are helping with pain without adverse effects. Diagnosis 08/20/14- tibiotalar osteoarthritis- sprain ATFL and CFL ligament- history of right calcaneus and talus non-displaced fracture- right ankle pain The utilization review determination being challenged is dated 10/15/14. The rationale follows: 1) Etodolac 400mg #60: "no evidence of objective functional benefits..." 2) Omeprazole 20mg #30: "no specific gastrointestinal distress noted..." [REDACTED] is the requesting provider and who provided treatment reports from 05/15/14 - 08/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Etodolac 400mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory Medications Page(s): 60, 61, 22.

**Decision rationale:** The patient presents with right foot and ankle pain rated 5/6/10. The request is for Etodolac 400mg #60. His diagnosis dated 08/20/14 included tibiotalar osteoarthritis, sprain ATFL and CFL ligament, history of right calcaneus and talus non-displaced fracture, and right ankle pain. Current medications are helping with pain without adverse effects. Etodolac is prescribed for pain and inflammation per physician report dated 06/18/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Etodolac is prescribed for pain and inflammation per physician report dated 06/18/14. Current medications are helping with pain without adverse effects. The request meets MTUS indication. The request is medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines states "NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with right foot and ankle pain rated 5/6/10. The request is for Omeprazole 20mg #30. His diagnosis dated 08/20/14 included tibiotalar osteoarthritis, sprain ATFL and CFL ligament, history of right calcaneus and talus non-displaced fracture, and right ankle pain. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Current medications are helping with pain without adverse effects, per physician report dated 06/18/14. Omeprazole is prescribed for reflux associated with medications but does not indicate how it's working. Furthermore, the physician does not provide GI risk assessment for prophylactic use of PPI as required by MTUS. The request is not medically necessary.