

<b>Case Number:</b>	CM14-0180519		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 45-year-old with a reported date of injury of 09/14/2012. The patient has the diagnoses of chronic low back pain, myofascial low back pain, Achilles tendonitis with Haglund deformity bony calcaneal spur, chronic right foot pain and lumbar disc disease at L4/5. Per the progress notes provided by the foot and ankle specialist dated 04/16/2014, the patient had complaints of painful Achilles tendon and plantar fasciitis. The patient reports failing previous therapies including orthotics, physical therapy and cortisone injections. The physical exam noted pain along the medial slip of the plantar fascia, plantar spurring, Haglund deformity with posterior Achilles spurring and pain to palpation along the right Achilles tendon. The treatment plan recommendations included surgical intervention for removal of posterior spur and repair of the Achilles tendon. Per the most recent progress notes provided for review from the primary treating physician dated 10/13/2014, the patient had complaints of ongoing low back pain and insomnia. The physical exam noted decreased range of motion in the lumbar spine. Treatment recommendations included continuation of medications and request for authorization of the surgery recommended from the podiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines section on non-steroidal anti-inflammatory drug (NSAID) use and proton pump inhibitors (PPI) states: Clinicians should weight the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no supplied documentation that places this patient at intermediate or severe gastrointestinal risk that would require a use of a PPI with NSAID therapy. There is also no mention of separate independent gastrointestinal disease apart from associated with NSAID therapy that would require the use of a proton pump inhibitor. For these reasons, the criteria as set forth above have not been met for the use of the medication. Therefore, the request is not medically necessary.

**Zolpidem 10mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. Per the ODG: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. Per the most recent progress reports from the primary treating physician dated 10/13/2014, the patient was complaining of insomnia so the requested medication was prescribed. This medication is indicated in the short-term treatment of insomnia.

There is no evidence in the documentation that this has been an ongoing medication. Therefore, the request is medically necessary.

**Surgical intervention of the posterior spur and repair of the Achilles tendon right foot:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Achilles Tendon Ruptures, Ankle and Foot, Arthroscopy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Achilles treatment

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested procedure. The ACOEM foot and ankle section only addresses bunions, neuromas and ankle ligament issue in the surgical considerations. The ACOEM does not recommend ankle arthroscopy for synovial impingement before adequate trial of conservative care. The ODG section on Achilles treatment recommends open operative treatment of acute Achilles tendon rupture. In this case both the podiatrist, primary treating physician and the QME have recommended this surgical procedure in light of the failed conservative therapy which has included orthotics, physical therapy, cortisone injections and anti-inflammatories. The utilization review rejection is based on the lack of documentation of a failed trial of CAM boot or a trial of immobilization. These are not listed requirements prior to surgical consideration. There are also no negative recommendations in the California MTUS, ACOEM or ODG for the requested procedure. Therefore, the request is medically necessary.