

Case Number:	CM14-0184037		
Date Assigned:	11/10/2014	Date of Injury:	05/14/2008
Decision Date:	12/18/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 New York and 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:

This patient, 53 year old man who sustained an ankle injury, twisting it stepping off of a curb. He is s/p arthroscopic left ankle surgeries. He is diagnosed with synovitis, myositis, tendonitis (left posterior tibia, peroneal), plantar fasciitis, Achilles tendonitis, capsulitis let knee. He has had multiple physical therapy visits, and acupuncture. He has had steroid injections. September evaluation by the primary treating physician notes that he is on Norco 10 mg BID and omeprazole 1 tablet once to twice per day. He is appealing the 10/30/14 denial of Prilosec 20 mg BID #120 with 2 refills and Naproxen 550 mg BID #120 with 2 refills. He was approved for the same medications and amounts but the refills were not approved. He has swelling, pain and difficulty with gait. He was prescribed naproxen. He has a history of gastritis and was put on Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, 120 count with two refills: Upheld

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

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

Decision rationale: The treating physician is recommending 20 mg BID of Prilosec. The guidelines note that omeprazole 20 mg per day may be used for those at intermediate risk for gastrointestinal events. He is at risk because of his history of gastritis. It is not clear why he needs 40 mg instead of the 20 mg recommended, and no explanation was offered in the materials reviewed. Medical necessity has not been established for the quantity of medication requested therefore request is not medically necessary.

Naproxen 550 mg, 120 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs non-steroidal anti-inflammatory drugs Page(s): 67-68.

Decision rationale: The Naproxen prescribed 550 mg twice per day is appropriate, as per MTUS chronic pain guidelines, for treatment of his inflammatory ankle conditions. One month's worth would be appropriate to trial, as opposed to two months' worth along with refills. Medical necessity has not been established for this quantity of medication, especially since efficacy has not been demonstrated in this patient therefore request is not medically necessary.