MAXIMUS Federal Services

Case Number:	CM14-0069563		
Date Assigned:	07/14/2014	Date of Injury:	11/19/2012
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 27 year-old male injured on 11/09/12 due to an undisclosed mechanism of injury. Diagnoses include grade 3 chronic left ankle sprain with ligamentous instability, low back pain secondary to compensation from antalgic gait, weight gain and lower extremity numbness. Clinical note dated 04/09/14 indicates the injured worker presented complaining of lateral and anterior ankle pain after walking approximately 8-10 minutes and rated at 7-8/10 in severity. The injured worker utilized Naproxen 550mg every day which was effective for approximately 6 hours in addition to Omeprazole 20mg every day for prevention of gastrointestinal symptoms. Physical examination of the ankle revealed marked tenderness to palpation over the posterior and lateral aspect of the lateral malleolus, tenderness to palpation over the anterior capsule and the lateral aspect, pain with range of motion in all planes, sensation intact to bilateral lower extremities, and pulses 2+ bilaterally. The initial request for Omeprazole 20mg #60 was initially non-certified on 04/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (Non-steroidal antinflamatory drugs) Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory drug (NSAID) (for example, NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged NSAID's use indicating the potential for gastric irritation and need for protection. As such, the request for Omeprazole 20mg, #60 is medically necessary.