

Case Number:	CM14-0069757		
Date Assigned:	06/30/2014	Date of Injury:	05/20/2008
Decision Date:	07/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/02/2014

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 Management 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:

According to the records made available for review, the patient is a 54-year-old male with a 5/20/08 date of injury. There is documentation of subjective left ankle pain and swelling, tingling, stiffness, and tenderness radiating to the foot, pain rated 4-7/10 and objective left ankle extension 0-12, flexion 20-35, inversion 5-20, and eversion 5-25 degrees. Current diagnoses are left peroneal tendinitis, tibialis posterior partial tendon tear with loss of arch, left foot. Treatment to date includes activity modification and medications including Ambien and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of

NSAIDs. Within the medical information available for review, there is documentation of diagnoses of left peroneal tendinitis, tibialis posterior partial tendon tear with loss of arch, left foot. However, there is no documentation of moderate to severe osteoarthritis pain or an exacerbations of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Naproxen sodium 550 mg #120 is not medically necessary and appropriate.

Naproxen Sodium 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of left peroneal tendinitis, tibialis posterior partial tendon tear with loss of arch, left foot. However, there is no documentation of moderate to severe osteoarthritis pain or an exacerbations of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for naproxen sodium 550 mg #120 is not medically necessary.