

Case Number:	CM14-0081444		
Date Assigned:	07/18/2014	Date of Injury:	06/25/2013
Decision Date:	09/03/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 48-year-old female who was reportedly injured on June 25, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 12, 2014, indicates that there are ongoing complaints of the return of left ankle pain due to a recent car accident. Current medications include ibuprofen 600mg. The physical examination demonstrated tenderness to the left ankle and left ankle range of motion with pain. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a home exercise program and heat therapy. A request was made for Omeprazole, Lidopro cream and a paraffin wax bath for the left ankle and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60 dispensed on 05/12/2014: 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 Page(s): 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for Omeprazole 20 mg #60 dispensed on 05/12/2014 is not medically necessary.

Lidopro cream, 4 oz. topical analgesic dispensed on 05/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee does not have any symptoms of neuropathic pain nor is there any documentation of failure of first-line medications. For these reasons this request for Lidopro cream, 4 oz. topical analgesic dispensed on 05/12/2014 is not medically necessary and appropriate.

Paraffin wax bath, 2 visits for the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot & Ankle chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Paraffin Wax Bath, Updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines the use of a paraffin wax bath is only indicated as an optional treatment for arthritis of the hands. As this request is for the ankle, this request for Paraffin wax bath, 2 visits for the left ankle is not medically necessary and appropriate.