

Case Number:	CM14-0092542		
Date Assigned:	07/25/2014	Date of Injury:	02/03/2011
Decision Date:	09/23/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/18/2014

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 & Rehabilitation and Pain Medicine, and is licensed to practice in California and Washington. 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 55-year-old male who reported an injury on 02/03/2011. The mechanism of injury was not provided. On 04/17/2014, the injured worker presented with a diagnosis of right foot contusion with tarsometatarsal joint arthrosis and reactive osseous changes around the contusion injuries. Current medications included Lyrica, nabumetone, omeprazole, docusate, duloxetine, nifedipine, lidocaine liquid, Flector patch, Pennsaid, Keppra, and Ambien. Upon examination, the injured worker walked with the use of a cane and wore a right knee brace continually. There was numbness noted to the right leg with weightbearing and pain persisted in the left lower extremity when accomodating his right lower extremity disability. The examination of the foot noted medial foot tenderness along the 1st metatarsal tarsal articulation and metatarsal phalangeal joint articulation. There was maximal tenderness found at the base of the 2nd metatarsal with the tarsals. The neurologic examination noted 4/5 strength in L3-S1 and 3/5 strength from the L5-S1. The provider recommended nifedipine, omeprazole, and a metabolic serum chemical panel; the provider's rationale was not provided. The Request for Authorization form for omeprazole was dated 04/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nifedipine 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fifediplne-capsules.html#indications>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Diabetes, Hypertension.

Decision rationale: The request for nifedipine 10 mg #30 is not medically necessary. The Official Disability Guidelines state that nifedipine is recommended after a lifestyle modification to include diet and exercise. First line therapy recommended include angiotensin converting enzyme inhibitor, benazepril, captopril, enalapril, lisinopril, and losartan. There was a lack of documentation indicating that the injured worker participated in any type of lifestyle change to include exercise and diet. The provider did not indicate the injured worker's blood pressure reading in the physical examination provided. There was a lack of documentation of the efficacy of the prior use of the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established for Nifedipine 10mg #30.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for omeprazole 20 mg #60 is not medically necessary. According to California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who have moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the Guideline recommendation for omeprazole. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The efficacy of the prior use of the medication has not been provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity for Omeprazole 20mg #60 has not been established.

Metabolic serum chemical panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of Care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for metabolic serum chemical panel is not medically necessary. California MTUS Guidelines recommend periodic testing of a chemistry profile (including liver

and renal function tests). The Guidelines recommend measuring liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeat lab testing after this treatment duration has not been established. Routine blood pressure monitoring is however recommended. There is a lack of documentation on when the last laboratory monitoring was last performed. As such, medical necessity for Metabolic serum chemical has not been established.