MAXIMUS Federal Services

Case Number:	CM15-0003353		
Date Assigned:	01/14/2015	Date of Injury:	05/07/2014
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 05/07/2014. He has reported subsequent right foot and right ankle pain. The diagnoses have included second and third metatarsal fractures. Treatment to date has included oral pain medication, physical therapy and a fracture boot Cam Walker. Currently the IW complains of continued pain in the right foot and ankle that was rated as 3 out of 10 with the use of medication and an 8/10 without medication. Tenderness was noted to the anterior joint line and tenderness in the medial column dorsally at the metatarsal joint of the first, second and third joints in the right foot with mild edema and painful range of motion. Gait was documented as antalgic. Findings were otherwise unremarkable. The physician noted that the injured worker had been taking Prilosec and requested a refill of this medication, however there was no documentation as to why this medication was prescribed nor any documentation of gastrointestinal complaints or diagnoses.On 12/17/2014, Utilization Review non-certified a request for Prilosec, noting that there was no documentation of gastrointestinal symptoms or increased gastrointestinal risk to warrant prescription of the medication. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60 with 3 refills: 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 and cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with pain in the right foot and right ankle. The request is for Prilosec 20mg #60 with 3 refills on 11/21/14. The patient is currently working with restrictions per 08/15/14 report. The patient has been taking this medication since 07/11/14. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."In this case, there is no information regarding history of peptic ulcers, GI bleeding, or perforation. GI risk assessment is not provided. The reports do not discuss any GI symptoms such as heart burns, or gastritis for which this medication may be indicated. The request is not medically necessary.