

Case Number:	CM15-0009964		
Date Assigned:	01/27/2015	Date of Injury:	05/07/2014
Decision Date:	03/17/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/16/2015

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 5/7/14. The injured worker reported symptoms in the right lower extremity. The diagnoses included third metatarsal fracture healing, second metatarsal fracture healing, and rule out talus fracture with the computed tomography scan. Treatments to date have included oral pain medications, controlled ankle motion boot and activity modification. Provider documentation dated 11/21/14 noted the injured worker presents with "pain in the right foot and right ankle", the treating physician is requesting Omeprazole 20mg quantity 60 (8/1/14 RFA), Dendracin 120ml, and Omeprazole 20mg quantity 60 (7/11/14 RFA). On 1/2/15, Utilization Review non-certified a request for Omeprazole 20mg quantity 60 (8/1/14 RFA), Dendracin 120ml, and Omeprazole 20mg quantity 60 (7/11/14 RFA). The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60 (8/1/14 RFA): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg quantity 60 (8/1/14 RFA) is not medically necessary and appropriate.

Dendracin 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic Dendracin Lotion over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Dendracin which has compounded Methyl Salicylate/ Benzocaine/ Menthol may cause increased bleeding when used concurrently with another salicylate/NSAID as in this case, Ibuprofen. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The Dendracin 120m is not medically necessary and appropriate.

Omeprazole 20mg quantity 60 (7/11/14 RFA): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the

records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg quantity 60 (7/11/14 RFA) is not medically necessary and appropriate.