

<b>Case Number:</b>	CM15-0148624		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	05/24/2004
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 56 year old male who sustained an industrial injury on 5-24-04. He had complaints of bilateral heel pain. Treatments include: medication, physical therapy, chiropractic, acupuncture and injections. Hand written progress report dated 5-27-15 reports continued complaints of pain in both feet with numbness and tingling. Diagnoses include: myofascial pain syndrome and bilateral feet pain. Plan of care includes: acupuncture and refill mobic, methoderm gel and omeprazole. Follow up on 6-24-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 7.5 mg, thirty count with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs (including prior use of Voltaren) for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks in which the claimant was using a PPI. Continued use of Mobic is not medically necessary.

**Omeprazole 20 mg, 100 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68 and 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/PPI Page(s): 67-68.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been on Omeprazole for months. As noted above, NSAIDs/Mobic is not necessary therefore, the continued use of Omeprazole is not medically necessary.