

Case Number:	CM15-0164591		
Date Assigned:	09/01/2015	Date of Injury:	07/11/2012
Decision Date:	10/05/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/21/2015

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 7-11-12 while working on a commercial style lawn mower he sprained his right ankle. He currently complains of right foot and ankle pain that is worse and cannot account for the worsening pain. He rates his pain level as 10 out of 10 without medications. On physical exam of the right foot, there was hypersensitivity and allodynia, limited active range of motion due to pain. Medications were Norco, omeprazole. Omeprazole was effective in relieving gastrointestinal symptoms from oral medications per 7-28-15 note. Diagnoses include foot pain; ankle pain; ankle fracture; allodynia; pain in limb. Treatments to date include transcutaneous electrical nerve stimulator unit with benefit; medications with benefit; physical therapy. Diagnostics include MRI of the right foot (1-31-14) showing tiny chondral fissure otherwise negative; right ankle MRI (1-31-14) showing scarring, tendinosis. In the progress note dated 7-28-15, the treating provider's plan of care included a request for omeprazole 20mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 times with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; FDA (Prilosec).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prilosec 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 anti-platelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. There is only mention of "GI symptoms" with medications. The use of Prilosec is not substantiated and therefore not medically necessary.