

<b>Case Number:</b>	CM15-0185678		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male, who sustained an industrial injury on 07-10-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for a calcaneus fracture and tibial pilon fracture in the right ankle. Medical records (02-23-2015 to 06-02-2015) indicate ongoing pain to the right leg. Pain levels were 4 out of 10 on a visual analog scale (VAS) and described as aching, shooting, and tender. Pain was noted to be increased with standing, walking, bending, squatting, stooping, kneeling, and crouching. There was also reported pain in the right heel that was constant described as sharp, throbbing, aching, tender, and shooting, and rated 4 out of 10 in severity; and intermittent pain in the left leg that radiated to the thigh and knee (extending to the plantar) which was described as sharp, aching, throbbing, tender and shooting, and rated 2 out of 10 in severity. Records also indicate that the IW was having difficulties with bathing, carrying groceries, and pushing a grocery cart. There was also noted difficulties with standing, sitting, reclining, walking, and climbing stairs. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 06-02-2015, revealed slight pain to the lateral aspect of the left knee with movement, decreased range of motion in the feet and ankles (right worse than left), tenderness over the medial aspect of the right calf and ankle, slight tenderness over lateral aspect of the left foot, and tenderness of the plantar fascia attachment to the calcaneus, Achilles tendon attachment to the calcaneus over the tarsal tunnel area and over the medial and lateral malleolus. Relevant treatments have included open reduction internal fixation (ORIF) of the right calcaneus fracture and right tibial pilon fracture (08-2014), physical therapy (PT), and work restrictions. It was

noted that the IW was not currently taking any medications. A CT scan of the right ankle (08-18-2015) was available and showed status post ORIF of the calcaneus without significant abnormalities. The request for authorization was not received; however, the utilization review shows that the following medications were requested: Prilosec 20mg #60 and Voltaren XR 100mg #60. The original utilization review (09-11-2015) non-certified the request for Prilosec 20mg #60 and Voltaren XR 100mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 capsules of Prilosec 20mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in July 2014 with a crush injury to both feet. Treatments have included multiple surgeries with an ORIF of an open tight tibial pilon and open calcaneus fracture. He continues to be treated for chronic right lower extremity pain. He was seen for an orthopedic evaluation on 06/12/15. He was not taking any medications. Physical examination findings included an abnormal gait. There was a normal body habitus. He had decreased lumbar spine range of motion with tightness and spasms. There was right posterior superior iliac spine tenderness. There was facet and sacroiliac joint tenderness. There was decreased ankle and foot range of motion with tenderness. Authorization is being requested for diclofenac and Prilosec. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The request for is unclear in terms of whether this is a 30 day or 60 day supply. The request is not considered medically necessary.

#### **60 Tablets of Voltaren XR 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in July 2014 with a crush injury to both feet. Treatments have included multiple surgeries with an ORIF of an open tight tibial pilon and open calcaneus fracture. He continues to be treated for chronic right lower extremity pain.

He was seen for an orthopedic evaluation on 06/12/15. He was not taking any medications. Physical examination findings included an abnormal gait. There was a normal body habitus. He had decreased lumbar spine range of motion with tightness and spasms. There was right posterior superior iliac spine tenderness. There was facet and sacroiliac joint tenderness. There was decreased ankle and foot range of motion with tenderness. Authorization is being requested for diclofenac and Prilosec. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Voltaren XR for chronic pain is 100 mg per day. In this case, the claimant has chronic persistent pain but the request for Voltaren XR #60 is unclear in terms of whether this is a 30 day or 60 day supply. Dosing at 100 mg BID would be excessive. For this reason, the request is not medically necessary.