

<b>Case Number:</b>	CM15-0032556		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	03/03/2004
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Pennsylvania, Ohio, 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 63 year old female, who sustained an industrial injury on 03/03/2004. She has reported bilateral foot pain. The diagnoses have included ankle enthesopathy; bilateral metatarsalgia; tarsal tunnel syndrome; and plantar fibromatosis. Treatment to date has included medications, physical therapy, and orthotics. Medications have included Naproxen, Tylenol #3; and Omeprazole. A progress note from the treating physician, dated 01/28/2015, documented a follow-up visit with the injured worker. The injured worker reported bilateral foot pain which is constant and severe, with swelling. The plan of treatment included the request for a prescription for Omeprazole; and for Ankle Foot Orthosis. On 02/05/2015 Utilization Review modified a prescription for Omeprazole 20 mg #60, to Omeprazole 20 mg #30 ; and noncertified a prescription for Purchase of ankle foot orthosis. The CA MTUS and the ODG were cited. On 02/16/2015, the injured worker submitted an application for IMR for review of a prescription for Omeprazole 20 mg #60; and for Purchase of ankle foot orthosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case document gastritis as an indication requiring prophylaxis with Omeprazole. An initial physician review acknowledges this GI risk factor, but recommended a lower dosage. Since the requested dosage is within acceptable FDA labeling parameters and the role of utilization review is not to direct care, this request is medically necessary.

**Purchase of ankle foot orthosis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/Ankle Foot Orthosis (AFO).

**Decision rationale:** ODG recommends the use of an AFO as an option for foot drop. Records in this case document diagnoses of metatarsalgia, tarsal tunnel syndrome, and plantar fasciitis; there is no documentation of foot drop, nor would foot drop be anticipated due to these conditions. Thus, the records and guidelines do not support a rationale/indication for the requested AFO. This request is not medically necessary.