

Case Number:	CM15-0042598		
Date Assigned:	03/12/2015	Date of Injury:	07/11/2013
Decision Date:	04/15/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency Medicine

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 49-year-old female, with a reported date of injury of 07/03/2013. The diagnoses include left ankle and foot osteoarthritis and left ankle pain. Treatments to date have included physical therapy, a cane, oral medication, and diagnostic left ankle arthroscopy, synovectomy and chondroplasty, and computerized tomography of the left ankle. The progress report dated 01/14/2015 indicates that the injured worker stated that she was progressing well with physical therapy. She had completed five sessions and had one more remaining. She reported increased strength. The injured worker complained of tingling sensation on top of the foot and ankle when weight-bearing. The physical examination of the left foot and ankle showed decreased soft tissue swelling of the ankle, normal sensation to light touch in all toes and first dorsal web space, and significant improvement in range of motion. It was noted that the injured worker was responding to physical therapy. The treating physician requested eight post-operative physical therapy sessions for the left ankle for range of motion, strengthening, and gait training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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 & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Omeprazole 20mg #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has tingling sensation on top of the foot and ankle when weight-bearing. The physical examination of the left foot and ankle showed decreased soft tissue swelling of the ankle, normal sensation to light touch in all toes and first dorsal web space, and significant improvement in range of motion. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg #60 is not medically necessary.