

Case Number:	CM15-0044524		
Date Assigned:	03/16/2015	Date of Injury:	08/06/1985
Decision Date:	04/22/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 was a 57 year old male, who sustained an industrial injury, August 6, 1985. The injured was sustained from a construction accident. The injured worker previously received the following treatments Voltaren Gel, Neurontin, Prilosec, Hydrocodone/acetaminophen and Elavil. The injured worker was diagnosed with chronic left foot and ankle pain, osteoarthritis of ankle and foot, subtalar fusion time 2 in 1986 and unspecified neuralgia neuritis and radiculitis. According to progress note of November 6, 2014, the injured workers chief complaint was left ankle and foot pain. The injured worker uses Prilosec for GI protection against the current medications regimen. The medications typically decrease the pain by 50-70% depending on the activity. The injured worker continues to work full time. The injured worker was complaining of newish pain on the bottom of the heel and top of the foot, with decreased sensation of the lateral foot. The pain was described as aching and burning. The physical exam noted some abnormalities. There was atrophy of the left leg from the knee to the ankle, including the calf muscle. There was hypersensitivity present over the left heel and the left lateral side of the foot. There was diminished sensitivity and weakness of the left foot. The treatment plan included renewal for prescription for Prilosec on February 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg DR on Tablet daily for 30 days, dispense 30: Upheld

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

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

Decision rationale: Prilosec 20 mg one tablet daily for 30 days, dispense 30 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI or misoprostol or Cox-2 selective agents has been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Prilosec is therefore, not medically necessary.