

Case Number:	CM15-0044616		
Date Assigned:	03/16/2015	Date of Injury:	03/25/2014
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male, who sustained an industrial injury on March 25, 2014. He reported a crush injury to the right foot, ankle and lower leg and a closed head injury. The injured worker was diagnosed as having head injury, crushing injury to the right ankle, crushing injury to the right foot excluding the toes, headache, facial pain and pain in the head. Treatment to date has included diagnostic studies, physical therapy, pain medications and work restrictions. Currently, the injured worker complains of pain and swelling in the right ankle. The injured worker reported an industrial injury in 2014, resulting in chronic right ankle pain. He reported a loaded pallet hitting him, pinning him to the ground and crushing the above noted body parts. He reported hitting the back of the head on concrete when falling to the ground. He has been treated conservatively without resolution of the pain. Evaluation on October 2, 2014, revealed continued pain. Ice, heat and medications were recommended as well as a boot for the right lower extremity. He was noted to be apprehensive about a hard cast. Evaluation on December 8, 2014, revealed continued pain.

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 non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton pump inhibitors (PPIs), ODG Pain Chapter-non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.