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| Case Number: | CM15-0050327 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 11/17/2011 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 31 year old female, who sustained a work/ industrial injury on 11/17/11. She has reported initial symptoms of left foot pain that radiated up the leg to the knee. The injured worker was diagnosed as having complex regional pain syndrome (RSD). Treatments to date included medication and nerve blocks. Magnetic Resonance Imaging (MRI) reveals normal study of the left ankle. Currently, the injured worker complains of left ankle pain that runs from the knees to the toes on both legs. The treating physician's report (PR-2) from 1/9/15 indicated the injured worker complained of numbness and pain in her left ankle and left and right being moderate to severe at 7/10. Examination demonstrated an antalgic gait, muscle strength was 5/5 to extensors, flexors, inverters, and everters to the right and left foot and ankle. There was pain with inversion and eversion to the left foot and ankle involving the perineal tendons and tenderness to palpation. Neurological and vascular testing was satisfactory. Temperature changes and skin color were evident to the left foot and ankle consistent with complex regional pain syndrome (RSD). The injured worker was fitted for custom foot orthotics. Medications included lidocaine gel, Gabapentin, Prevacid, Compound topical cream, Ketamine nasal spray, and Levothyroxine. Treatment plan included Prevacid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 15mg daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prevacid is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was not on NSAIDs and had been on Prevacid for several months. Therefore, the continued use of Prevacid is not medically necessary.