

Case Number:	CM15-0053244		
Date Assigned:	03/26/2015	Date of Injury:	08/06/1985
Decision Date:	05/07/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 57 year old male, who sustained an industrial injury on August 6, 1985. He reported falling off a ladder, landing on his left foot with immediate pain and discomfort. The injured worker was diagnosed as having primary localized osteoarthritis of the ankle and foot, subtalar fusion, and unspecified neuralgia, neuritis, and radiculitis. Treatment to date has included left foot surgeries, casting, injections, therapy, specialized footwear, and medication. Currently, the injured worker complains of left foot pain. The Treating Physician's report dated February 26, 2015, noted that the injured worker reported that during work he uses his boots which helps with the pain, however his shoes are slowly wearing out with his pain increasing, requiring new shoes. The injured worker was noted to have an antalgic gait, with pain to palpation of the heels, and some associated numbness to light palpation. The treatment plan included the injured worker requiring new shoes with a prescription given to the injured worker, and to continue current medications prescribed including Norco, Neurontin, and Prilosec, with the addition of Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). In this case, the patient is noted to be a 57-year-old male, and there is no indication of history of peptic ulcer, G.I. bleeding or perforation. Furthermore, the injured worker is not being prescribed oral NSAIDs. Additionally, it should be noted that per the MTUS guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. The request for Omeprazole 20mg #30 is not medically necessary.

Neurontin 300mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: According to the MTUS guidelines, Anti-epilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Neurontin is considered first line in the treatment of chronic neuropathic pain. In this case, the injured worker is followed for chronic neuropathic pain. There is documented improvement as the injured worker is able to continue working. The request for Neurontin 300mg #90 is medically necessary.

Orthotics-New Work Shoes: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 371. Decision based on Non-MTUS Citation ODG Shoes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter Orthotic Devices; Knee Chapter, Shoes and Durable medical equipment (DME).

Decision rationale: According to ODGs ankle chapter, orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. ODGs knee chapter addresses shoes and notes that special footwear is recommended as an option for knee osteoarthritis. ODG recommends Durable medical equipment (DME) if there is a medical need. In this case, the injured worker is diagnosed as having primary localized osteoarthritis of the ankle and foot, subtalar fusion, and unspecified neuralgia, neuritis, and radiculitis. The injured worker uses his boots which helps with the pain. However, his shoes are wearing out and increasing his pain. The

request for new work shoes is supported to allow the injured worker to continue working. The request for Orthotics-New Work Shoes is medically necessary.