

Case Number:	CM13-0035815		
Date Assigned:	12/13/2013	Date of Injury:	05/31/2003
Decision Date:	02/19/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old male who reported an injury on 5/31/03. The mechanism of injury was not provided in the medical record. A clinical note dated 8/14/13 reported that the patient continues to complain of ongoing pain to his bilateral knees, more so in the left knee. It was noted that the patient was suffering with severe antalgic gait. The patient noted he was having some left foot pain due to the abnormal gait created by his left knee pain. He had purchased orthopedic inserts as well as special shoes; however, the pain persisted. Objective findings noted there was crepitus motion of the left knee with tenderness to palpation. On the left foot, a sesamoid bone is palpable underneath the first great toe. The patient's tenderness was more to the interdigital of the metatarsophalangeal joint of the second and third toes. There is palpable tenderness with no signs of open wound or infection. There was review of a mentioned x-ray of the left foot which revealed no fractures, dislocations, or gross bony abnormality. The patient's diagnoses included status post right total knee arthroplasty, left knee arthrosis, status post left shoulder arthroscopy, lumbar discopathy, and rule out possible left foot neuroma secondary to abnormal gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Omeprazole 20mg: Upheld

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

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

Decision rationale: The California MTUS recommends that proton pump inhibitors are used for patients that are risk for gastrointestinal events. The determining factors would include the patient being older than 65 years of age, a history of peptic ulcers, and GI bleed or perforation. Also, if the patient is in use of aspirin, corticosteroids, or an anticoagulant, then there would be necessity for the use of a proton pump inhibitor. However, it is also noted that long-term use of proton pump inhibitors greater than over a year has been shown to increase the risk of hip fractures in patients. There is no clinical documentation suggestive of the patient being at risk for gastrointestinal events at this time; therefore, there is no medical necessity for the use of Omeprazole at this time. The request for is non-certified.

one intermediate injection into the metatarsophalangeal joint second and third toe space:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The California MTUS/ACOEM states that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma, or into the affected area in patients with plantar fasciitis or heel spur if 4-6 weeks of conservative therapy is ineffective. Per the Official Disability Guidelines, there is limited quality evidence that injections to the foot or toes are of any efficacy. More specifically, no randomized controlled trials exist to support corticosteroid injections into the toes or foot in the treatment of Morton's neuroma. The medical records provided do not reflect any other diagnosis regarding the left foot complaint other than a possible neuroma. Based on those guidelines and the information provided, the injection for possible neuroma is not reasonable and does not coordinate with current guideline recommendations. Therefore, the request is non-certified.