

<b>Case Number:</b>	CM14-0120158		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/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 injured worker is a 37 year old female who was injured on February 18, 2013. The mechanism of injury was stretching to get the mandarins from a branch when the branch snapped causing her to lose balance, falling onto the left side of her body, twisting the left ankle and knee landing on her left knee. The diagnoses listed as reflex sympathetic dystrophy unspecified (337.20). The most recent progress note dated 7/28/14, reveals complaints of persistent left ankle pain with improving status post arthroscopy. The injured worker reports she is doing better, glad she had the procedure, ankle is improving, able to stand and walk for a long time, and has been taught a home exercise program. Physical examination reveals antalgic gait; left foot and ankle no swelling, no erythema, no signs of infection, no obvious deformity, skin shows well healed arthroscopic portals, tenderness about the Achilles tendon, mild tenderness about the anterior talofibular ligament, negative Tinel's sign about the tarsal tunnel, range of motion dorsiflexion is 5 degrees, plantar flexion is 40 degrees, capillary refill is brisk, dorsalis pedis are +2 and bounding, no instability, strength is noted 4+ out of 5 on plantar flexion and dorsiflexion and dorsiflexion, no sensory deficits which follow a dermatomal pattern, deep tendon reflexes are +2 bilateral and symmetric. Electrodiagnostic finding include Xrays of the left ankle dated 4/13/14 reveal no sign of infection, no signs of arthrosis, joint space is well maintained, no sign presently of any fracture. Prior treatment includes left ankle arthroscopy 4/14/14, medications, and use of a brace to her left foot. The injured worker has returned to work full duty, while working in the onion fields and weight bearing on uneven ground increased her ankle pain, and then left work after four hours. A prior utilization review determination dated 7/11/14 resulted in denial of Prilosec 200 milligrams quantity 100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 200MG X 100:** 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 risks Page(s): 68-69.

**Decision rationale:** The injured worker was prescribed Voltaren, a NSAID, on 3/10/14. Follow up notes from 4/1/14, 7/14/14, and 7/28/14 from [REDACTED] does not include any information of any GI symptoms or distress to warrant the addition of a Proton pump inhibitor, rilosec/Omeperazole. There is no documentation in the past GI history in pschitric evaluation by [REDACTED] on 11/7/13. Therefore the claimant would be in the "no risk, no cardiovascular risk" group per CAMTUS page 68. Therefore the request for Prilosec is not medically necessary.