

Case Number:	CM14-0140753		
Date Assigned:	09/10/2014	Date of Injury:	04/09/2012
Decision Date:	10/31/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/29/2014

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 Pain Management 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 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 51 year old male with a date of injury on April 9, 2012. As per the report on July 8, 2014, he complained of constant pain in the point of the foot near the fifth metatarsal. He rated his pain at 5/10. The pain was described as achy. At times, the pain was sharp and burning, and sometimes there was some tingling and numbness that radiated into the toe, especially with any prolonged walking. On examination, he had full range of motion of the foot and ankle, but with pain. There was no edema, erythema or bony deformity. He had a non-antalgic gait. X-ray of the right foot 2 views dated November 30, 2014 revealed interval healing fracture of the base of the fifth metatarsal. Current medications include Ibuprofen and Omeprazole. He has been taking Omeprazole since May 28, 2014 to protect the gastric mucosa due to his issues with gastroesophageal reflux disease symptoms while taking medications. Diagnoses include right Achilles tendonitis, right foot tendonitis, first metatarsophalangeal degenerative changes, right foot; and healing fractured fifth metatarsal, right foot. The request for Omeprazole 20 mg p.o. q day #30 with two refills was denied on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg p.o. q day #30 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptom.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule guidelines, Omeprazole (a proton pump inhibitor) is recommended for workers at intermediate risk for gastrointestinal events. The California Medical Treatment Utilization Schedule guidelines state proton pump inhibitor medications such as Omeprazole (Prilosec) may be indicated for workers at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acids, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs. Treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug therapy recommendation is to stop the non-steroidal anti-inflammatory drug, switch to a different non-steroidal anti-inflammatory drug, or consider H2-receptor antagonists or a proton pump inhibitor. In this case, there is no documented trial of switching to a different proton pump inhibitor for gastroesophageal reflux disease in this injured worker. The medical records do not establish the worker is at significant risk for gastrointestinal events/risks as stated above. Therefore, the medical necessity of the request is not established at this time.