

<b>Case Number:</b>	CM14-0093356		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 38-year-old female who reported an injury on 06/18/2013. The mechanism of injury was due to a drawer falling on foot. The injured worker's diagnoses included right ankle and right foot strain/sprain, heel spur, and mild subcutaneous edema. The injured worker's past treatments included medications and physical therapy. On the clinical note dated 06/03/2014, the injured worker complained of right ankle and foot pain rated 8/10. The injured worker had tenderness to the right lateral ankle and right medial ankle. Range of motion of the right ankle had plantar flex at 30 degrees, and dorsal flex at 15 degrees. The injured worker's medications were not included in the medical records. The request was for hydrocodone/APAP 2.5/325 mg and omeprazole 20 mg. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Hydrocodone/APAP 2.5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids; Criteria For U.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

**Decision rationale:** The request for 90 hydrocodone/APAP 2.5/325 mg is not medically necessary. The injured worker is diagnosed with right ankle/foot strain/sprain; heel spur; and mild subcutaneous edema. The injured worker complains of right ankle/foot pain rated 8/10. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen, or documentation of side effects. Additionally, the request does not indicate the frequency of the medication. As such, the request for 90 hydrocodone/APAP 2.5/325 mg is not medically necessary.

**30 Capsules od Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition; Chapter: Pain, Proton Pump Inhibitors (PPIs)

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

**Decision rationale:** The request for 30 capsules od omeprazole 20 mg is not medically necessary. The injured worker is diagnosed with right ankle/foot strain/sprain, heel spur, and subcutaneous edema. The injured worker complains of right ankle/foot pain rated 8/10. The California MTUS Guidelines recommend the use of proton pump inhibitors with the use of NSAIDs, as the patient is at high risk for gastrointestinal events. The injured worker's medical records lacked documentation of a history of peptic ulcer, GI bleeding, or perforation. The injured worker does not have any documentation indicating current gastrointestinal issues. There is a lack of documentation indicating the injured worker to be prescribed NSAIDs. Additionally, the request does not indicate the frequency of the medication. As such, the request for 30 capsules od omeprazole 20 mg is not medically necessary.