

<b>Case Number:</b>	CM15-0013739		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old male sustained an industrial injury on 9/24/12, with subsequent ongoing right plantar heel pain. The injured worker was diagnosed with plantar fasciitis. In the most recent PR-2 dated 12/27/14, the injured worker complained of persistent pain in the right ankle, foot and heel at 3/10 on the visual analog scale. The pain improved with rest and medication. Physical exam was remarkable for tenderness to palpation over the plantar fascia and Achilles tendon of the right foot with decreased range of motion. Documentation did not include indication of gastric issues. Current diagnoses included status post right fasciotomy, slight impaired gait secondary to status post right fasciotomy and slight left foot and ankle pain secondary to compensatory factors. The treatment plan included Topaz ablation surgery to the right foot and requesting authorization for a topical compound cream. On 12/24/14, Utilization Review non-certified a request for Prilosec 20mg #60, Dispensed On 11/10/14, noting no indication for the use of a proton pump inhibitor and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60, Dispensed On 11/10/14:** Upheld

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

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

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is documentation that the patient had complaints of gastric upset secondary to NSAID use according to a note on 11/19/14. However, there was no gastrointestinal work-up to clearly correlate the GI symptoms as NSAID-induced gastropathy. Causation was not clearly established. Furthermore, the recent progress notes from 12/1/14 and 12/22/14 indicate that tramadol is the only medication the patient is on, and there is no more usage of NSAIDs documented. Given these factors as well as a clearly established diagnosis for the GI symptoms, the currently requested omeprazole (Prilosec) is not medically necessary.