

Case Number:	CM15-0121316		
Date Assigned:	07/02/2015	Date of Injury:	05/13/2009
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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: Emergency Medicine

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 44-year-old female, who sustained an industrial injury on May 13, 2009. She reported a swollen and painful right foot. The injured worker was diagnosed as having chronic lumbosacral sprain/strain, L4-5 radiculopathy, and chronic left foot fasciitis, left knee sprain/strain, severe mucoid degeneration and tricompartmental arthritis with ligamentous instability, sleep disturbance and psych diagnoses. Treatment to date has included medication and right ankle surgery. Notes stated that the surgery did not make her better. On February 2, 2015, the injured worker complained of right ankle pain radiating into her right buttocks. She rated the pain as a 4.5 on a 0-10 pain scale with medications. She also reported sleep disturbance, difficulty with mood and anxiety. On June 15, 2015, Utilization Review non-certified the request for Omeprazole 20mg #60 and four week follow-up visit, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Inflammatory Drugs Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Omeprazole 20mg quantity 60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has right ankle pain radiating into her right buttocks. She rated the pain as a 4.5 on a 0-10 pain scale with medications. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg quantity 60 is not medically necessary.

Follow Up in Four Weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Office visits, for opioids, Page 79 Page(s): 79.

Decision rationale: The requested Follow Up in Four Weeks is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, Office visits, for opioids, Page 79. While in the Trial Phase (first 6 months): (a) Every 2 weeks for the first 2 to 4 months; (b) Then at approximate 1 1-2 to 2-month intervals. In addition, California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care. Office visits, for Long-term Users of Opioids (6-months or more), Page 89: There is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The injured worker has right ankle pain radiating into her right buttocks. She rated the pain as a 4.5 on a 0-10 pain scale with medications. The treating physician has documented persistent symptomatology and treatment. The criteria noted above having been met, Follow Up in Four Weeks is medically necessary.