

Case Number:	CM15-0121370		
Date Assigned:	07/02/2015	Date of Injury:	05/29/2012
Decision Date:	08/04/2015	UR Denial Date:	06/04/2015
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: 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:

The injured worker is a 58 year old male, who sustained an industrial injury on 05/29/2012. The injured worker reported a fall with a subsequent fracture of the right ankle. The injured worker was diagnosed as having posttraumatic osteoarthritis of the right ankle joint with retained medial malleolar hardware and increased body mass index with significant aggravation of posttraumatic arthritis. Treatment and diagnostic studies to date has included use of a transcutaneous electrical nerve stimulation unit, medication regimen, magnetic resonance imaging of the right ankle, ankle x-rays, and status post open reduction with internal fixation of the right ankle. In a progress note dated 05/27/2015 the treating physician reports complaints of constant, mild to moderate pain to the right ankle. Examination reveals decreased range of motion to the right ankle, medial and lateral joint line tenderness, and prominent osteophyte anteromedially of the ankle. The treating physician noted that the injured worker was on a medication regimen, but the pain medication was unknown to the injured worker. The treating physician requested the medication of Prilosec 20mg with a quantity of 60 with the treating physician noting that this medication was requested along with the anti-inflammatory medication Voltaren, but the documentation provided did not indicate the injured worker to be experiencing any gastrointestinal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

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 no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.