

Case Number:	CM15-0071747		
Date Assigned:	04/21/2015	Date of Injury:	07/29/2013
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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: Massachusetts

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 42 year old female, who sustained an industrial injury on July 29, 2013, incurring injuries to the right foot and ankle. Magnetic resonance imaging revealed a right split tear of the ankle. Treatment included ice, heat, physical therapy, home exercise program and medications. Currently, the injured worker complained of ongoing right ankle and right foot pain, nausea, dizziness and constipation from the medication side effects. The treatment plan that was requested for authorization included prescriptions for Omeprazole and Fenoprofen Calcium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed release 20mg times 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for ongoing right ankle and foot pain. Medications include Naprosyn at a dose of 550 mg two times per day. The treating provider documents nausea attributed to medication use. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Medications have included non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. The claimant has nausea and is noted to also be taking hydrocodone and Keppra, which may be causing this side effect. In this case, there is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Guidelines do not recommend that a proton pump inhibitor such as omeprazole be prescribed. Therefore, the requested medical treatment is not medically necessary.

Fenoprofen calcium 400mg capsules times 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 71; 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for ongoing right ankle and foot pain. Medications include Naprosyn at a dose of 550 mg two times per day. The treating provider documents nausea attributed to medication use. In terms of fenoprofen, dosing is 300 - 600mg 3 to 4 times per day with a maximum daily dose of 3200mg. In this case, the dosing is not consistent with that recommended and the claimant is already taking Naprosyn at the recommended dose. There would be no need to prescribe a second non-steroidal anti-inflammatory medication. Therefore, the request for fenoprofen is not medically necessary