

<b>Case Number:</b>	CM15-0093759		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: 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 37 year old male, who sustained an industrial injury on 8/16/14. He reported initial complaints of right ankle injury while coming off a scaffold. The injured worker was diagnosed as having sprains/strains ankle. Treatment to date has included physical therapy; aquatic therapy; medications. Diagnostics included MRI right ankle (12/5/14); MRI right knee (2/24/15); EMG/NCV study of the lower extremities (3/11/15). Currently, the PR-2 notes dated 5/11/15 indicated the injured worker is in this office on this date as a follow-up visit. He has had no improvements since his last visit. Another provider recommended custom orthotics and those will be ordered on this visit. He continues to have right ankle pain and instability, with increased pain on standing and walking and weather change. He takes medications as needed for pain. Physical examination of the feet and ankles reveals no swelling or warmth but tenderness to pressure over the right lateral ankle. There is no deficit to pinprick and light touch and the range of motion to the left ankle is restricted. The Orthopedic testing notes the right ankles Drawer Sign is negative, lateral instability is positive and negative medial instability. A Right ankle MRI dated 12/5/14 "findings are consistent with early osteochondral injury of the lateral talar dome with an intact appearing subchondral plate. The anterior talofibular ligament has a wavy contour on axial images that may suggest partial tear. Correlate with physical examination for lateral instability." The MRI of the right knee on 2/24/15 shows no evidence of meniscal tear and the collateral and cruciate ligaments are intact. The EMG/NCV study of the lower extremities was a normal study. The provider's treatment plan includes a follow-up with the surgical consult and undergoes an orthotic evaluation for custom insoles. The provider has requested Naproxen 550 mg #60 with 2 refills which was modified at Utilization Review for no refills and Omeprazole 20 mg #30 with 2 refills was not approved.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Naproxen 550 mg #60 with 2 refills is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note. For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has increased pain on standing and walking and weather change. He takes medications as needed for pain. Physical examination of the feet and ankles reveals no swelling or warmth but tenderness to pressure over the right lateral ankle. There is no deficit to pinprick and light touch and the range of motion to the left ankle is restricted. The Orthopedic testing notes the right ankles Drawer Sign is negative, lateral instability is positive and negative medial instability. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550 mg #60 with 2 refills is not medically necessary.

**Omeprazole 20 mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section.

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

**Decision rationale:** The requested Omeprazole 20 mg #30 with 2 refills 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 that "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 increased pain on standing and walking and weather change. He takes medications as needed for pain. Physical examination of the feet and ankles reveals no swelling or warmth but tenderness to pressure over the right lateral ankle. There is no deficit to pinprick and light touch and the range of motion to the left ankle is restricted. The Orthopedic testing notes the right ankles Drawer Sign is negative, lateral instability is positive and negative

medial instability. 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 20 mg #30 with 2 refills is not medically necessary.