

<b>Case Number:</b>	CM14-0156747		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/23/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54 year old female with a work injury dated 12/23/11. The diagnoses include chronic right ankle pain; status post 12/24/11, open reduction internal fixation of the distal fibular fracture with a repair of posterior talar dislocation. Under consideration are requests for 1 prescription of Omeprazole 20mg #60, and 1 prescription of Ultracet 37.5/325mg #60. An 8/27/14 initial orthopedic progress note indicated that the patient's chief complaint is right ankle pain. She states the pain is constant and achy. It is on the lateral aspect of the ankle. She also has burning and sharp pain periodically. She has numbness and tingling in the surrounding ankle and some weakness of the ankle joint. Her symptoms can be anywhere from 6-10/10. Her symptoms are worse with walking and driving, decreased with heat and ice. She states that she can get some relief with non-steroidal anti-inflammatory medications if taken early in the pain, but not if the pain has been persistent or if she is up on the foot for a long period of time. Previously, she skied, she danced, and she played tennis. She has been unable to do much other than some riding her stationary bike on occasions. She does do some squats and some mild weightlifting. She is working full time and on exam, was not taking any medication. On right lower extremity exam she is non-tender of the right lateral ankle. She has mild swelling around the lateral malleolus. There is a long well-healed surgical scar in place. On range of motion of the right ankle, she is decreased by approximately 8 degrees of dorsiflexion and 5 degrees of plantar flexion. The Musculoskeletal Exam revealed that her strength is decreased to 4+/5 of the right ankle against resistance compared to 5/5 on the left. She does have decreased sensation of the ankle and the anterior forefoot. She is unable to fully flex her right big toe. There is no atrophy seen on exam. She is able to walk a few steps on her toes and a few steps on her heels. Skin color is normal. Gait: Mildly antalgic. The treatment plan states that she went through several sessions of physical therapy, which were slightly helpful. Currently she has chronic pain. She is not taking

any pain medication for it. The treatment plan included anti-inflammatory of naproxen 550 mg bid. and omeprazole for GI protection. The provider would like to prescribe Ultracet 37.5/325 mg for more significant pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole 20mg #60:** Upheld

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

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

**Decision rationale:** Omeprazole 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend a proton pump inhibitor for (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (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). The guidelines also states that a proton pump inhibitor can be used for dyspepsia. The documentation does not reveal evidence of gastrointestinal risk factors. In the absence of these symptoms/findings the request for Omeprazole 20mg #60 is not medically necessary.

**Ultracet 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take before a Therapeutic Trial of Opioids Page(s): 76-77.

**Decision rationale:** Ultracet 37.5/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The documentation does not indicate that the patient has failed non-opioid analgesics. The patient has been receiving benefit from NSAIDs. The request for Ultracet 37.5/325mg #60 is not medically necessary.