

Case Number:	CM13-0017529		
Date Assigned:	09/27/2013	Date of Injury:	02/12/2008
Decision Date:	05/27/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/19/2013

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 California. 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 underlying date of injury in this case is 02/12/2008. The treating diagnoses include status post left midfoot arthrodesis in 2010 status post hardware removal in 2011, left foot edema, and left foot paresthesias. On 08/02/2013, the primary treating physician submitted a detailed initial comprehensive orthopedic evaluation and request for authorization. The physician notes that the patient presented with complaints of pain in the midfoot at 8/10 which was constant, and the patient reported that the foot would become swollen if she would stand for any length of time or walk for any length of time. The treating physician requested, based on laboratory studies and urine study, to determine if the patient could safely metabolize and excrete medications as prescribed. The treating physician prescribed Celebrex and omeprazole and assigned work restrictions. An initial physician review determined that there was no indication of clinical disease to support the need for the requested lab testing. That physician review additionally concluded that there was no indication of aberrant behavior to support a need for urine drug testing, noting the patient was tested previously on 02/14/2013 and 06/06/2013. That review also indicated that there was no indication for the necessity for gastrointestinal prophylaxis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ONE PRESCRIPTION OF OMEPRAZOLE 20MG # 30 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Anti-inflammatory Medications and Gastrointestinal Symptoms, Page 68, recommend that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records at this time do not discuss specific risk factors supporting an indication for gastrointestinal events requiring prophylaxis. The request for Omeprazole is not medically necessary.

PROSPECTIVE REQUEST FOR ONE URINE TOX SCREEN: Upheld

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 Drug Testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on drug testing, state that urine drug testing is recommended to assess for the use or presence of illegal drugs. An initial physician review stated that there was no indication for repeat urine drug testing given two recent studies. However, the medical records indicate that the patient has recently come under the care of a new primary treating physician, who has reviewed the patient's medical records in details and has assumed the patient's pain management. It would be appropriate within the discretion of the treating physician to obtain a new urine drug screen when there is a change in circumstances leading to a change in physician. That shift in pain physicians of itself is enough of a suggestion of a potential risk of aberrant behavior to support a fresh urine drug screen. This request for urine drug screening is medically necessary.

PROSPECTIVE REQUEST FOR ONE LAB: CBC, HEPATIC, ARTHRITIS PANEL, CHEM8 PANEL, CPK, AND CRP: Upheld

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 Anti-Inflammatory Page(s): 70.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 70, state that package inserts for anti-inflammatory medications recommend periodic lab monitoring of a CBC and chemistry profile, including liver and renal function tests. The treating physician indicates that

these labs have been requested in order to establish a baseline prior to initiation of medical treatment. While some of these lab studies, particularly the CBC and chemistry profile, are supported by the treatment guidelines, it is unclear, however, from the medical records what the indication would be for the requested arthritis panel and C-reactive protein. Therefore, since the complete set of laboratory studies is not supported by the medical records and guidelines, this request is not medically necessary.