

Case Number:	CM13-0021602		
Date Assigned:	11/13/2013	Date of Injury:	02/18/1998
Decision Date:	01/02/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

IMR application shows the date of injury as 2/18/98, and there is a dispute with the 8/29/13 UR decision. The 8/29/13 UR decision is based on the 8/5/13 report from Dr [REDACTED], and UR recommended non-certification for a retrospective urine drug screen (UDS) and of Zantac 150 mg, #240. The 8/5/13 report, states the UDS was to monitor medication use. Zantac was for stomach upset. The patient is a 53 YO, male, that was injured while working for the [REDACTED] on 2/18/1998. He is diagnosed with s/p right ankle arthroscopy; right ankle fx; flattened plantar arch; ankle synovitis, lumbar sprain, right hip pain. The 8/5/13 UDS was consistent. The 4/23/13 UDS was reported to detect codeine, morphine, hydrocodone and hydromorphone. The only medications listed on the 4/22/13 report are zolpidem, and cartivisc. The prior UDS was on 12/21/12 and was consistent with the Soma prescribed on 12/21/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The records show the 12/21/12 UDS was consistent with the Soma prescribed by Dr [REDACTED]. The 4/22/13 report from Dr [REDACTED] shows he prescribed zolpidem, and cartivisc, but the 4/23/13 UDS detected codeine, morphine, hydrocodone, hydromorphone. Dr [REDACTED] states he was going to review the records to evaluate the prescribed drug therapy, and get information to rule out drug diversion. On the 8/5/13 follow-up, Dr [REDACTED] prescribed Norco, and did not discuss the inconsistent results on the 4/22/13 report. He did order another UDS which did not show opiates, but did show the Soma that was prescribed, and showed gabapentin which was not prescribed. The 8/5/13 UDS was denied, but it appears that it was consistent with MTUS and ODG guidelines. 8/5/13 appears to be the first report available that shows the patient was prescribed Norco. Norco was not mentioned on the 12/21/12 or 4/22/13 reports. The request for a retrospective urine drug screen is medically necessary and appropriate

Zantac 150mg tablets #240: Upheld

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

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

Decision rationale: The available records do not discuss history of ulcers, GERD, or erosive esophagitis. The patient is not reported to have any of the GI risk factors under MTUS guidelines. The patient does not appear to be on any NSAIDs. The use of the H2 receptor antagonist does not appear to be in accordance with MTUS guidelines. The request for Zantac 150mg tablets #240 is not medically necessary and appropriate.