

<b>Case Number:</b>	CM13-0029255		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	03/06/2003
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 injured worker is a 52-year-old male who reported an injury on 03/06/2003 due to an unknown mechanism of injury. The injured worker had a history of low back pain and right shoulder pain affecting the right hand and arm. The injured worker had diagnoses of lumbar spondylosis with radiculopathy, status post L3-5 fusion in 01/2004, post-op right shoulder surgery on 01/07/2013, and status post left shoulder arthroscopic surgery. The injured worker had a urinalysis taken on 04/05/2013 that revealed positive for Hydrocodone, Hydromorphone, Butalbital and Acetaminophen. The injured worker also had urinalysis collected on 05/06/2013, 07/31/2013 with the same positive results. The injured worker's medications included Norco 10 mg/325 mg, Neurontin 600 mg, Omeprazole, Voltaren gel, Xanax and Lidoderm patches. Per the notes dated 07/03/2013, the injured worker reported his pain was 6/10 with medication and 9/10 without medication using the Visual Analog Scale (VAS). The MRI dated 08/29/2013 revealed a full thickness tear to the tendon, bilateral tenosynovitis, and degenerative disease of the acromioclavicular joint. The injured worker also had a drug urinalysis test dated 08/30/2013, all of which were positive for Hydrocodone, Hydromorphone, Butalbital and Acetaminophen. The authorization form, dated 07/16/2013, for Omeprazole was submitted of the documentation. The rationale for the UA and the omeprazole was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The prospective request of one prescription of Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Symptoms and Cardiovascular Risk Page(s): 58.

**Decision rationale:** The California Guidelines recommend a non-selective non steroid anti inflammatory drug with a proton pump inhibitor such as omeprazole or misoprostol. The long-term use of proton pump inhibitors greater than a year has shown to increase the risk of hip fractures. The documentation was not evident that the injured worker had either a peptic ulcer or a gastrointestinal (GI) bleed. Per the note dated 01/13/2013 stated that the injured worker had been taking Zantac. The notes dated 04/08/2013 stated that the injured worker was no longer taking Zantac and started taking the Omeprazole without any documentation to support the change in proton pump inhibitors. The documentation provided did not support medical necessity. The injured worker was not prescribed any Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). The request did not address the frequency. As such, the prospective request of one of Omeprazole 20 mg # 60 is not medically necessary.

**The prospective request for four (4) urine drug screens a year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

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

**Decision rationale:** The California MTUS Guidelines recommend drug testing as an option to use a drug screen test to assess for the use of illegal drug use. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. While it is noted that the injured worker has a history of inconsistent urine drug screens, the frequency of performing the urine drug screens is based on the results of the prior test and the necessity of the requested four (4) screens per year cannot be established in the absence of those results. The documentation provided did not support the need for four (4) drug screens a year. As such, the request for prospective request for four (4) urine drug screens a year is not medically necessary.