MAXIMUS Federal Services

Case Number:	CM13-0030343		
Date Assigned:	11/27/2013	Date of Injury:	09/18/2004
Decision Date:	01/22/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

The patient is a 59-year-old female who reported an injury on 9/18/04. The patient is currently diagnosed with cervicalgia, thoracic spine pain, lumbago, adjustment disorder with mixed anxiety and depressed mood, and posttraumatic seizure disorder. The patient was recently evaluated by [redacted] on 6/24/13; that physical examination revealed 50% range of motion of the cervical and lumbar spine

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, #90 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain caused by osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend one drug in this class over another based on efficacy. The clinical notes submitted indicate that the patient has continuously utilized this medication. Despite the ongoing use, the patient continued to report persistent pain and

unresolved complaints, as well as reduced range of motion and tenderness to palpation. Satisfactory response to treatment has not been indicated. Furthermore, the California MTUS Guidelines recommend the use of this medication on a short-term basis. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Omeprazole 20mg, #30 with one refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, there is no indication that this patient is at intermediate or high risk for gastrointestinal events; therefore, the continuation of Omeprazole is also not medically necessary.

request for one set of quarterly lab panels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) labeling.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The California MTUS Guidelines state that package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile, including liver and renal function tests. As per the clinical notes submitted, the patient is currently prescribed ibuprofen, Omeprazole, Dilantin, and Neurontin. However, there is no documentation of comorbidities that may warrant the use of routine laboratory monitoring, and so the medical necessity for the requested service has not been established.

request for one point of contact (POC) urinalysis: 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 Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option to assess for the use/presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk

stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within six months of initiation of therapy, and on a yearly basis thereafter. As per the clinical notes submitted, there is no evidence of noncompliance or misuse of medications, or that this patient falls under a high-risk category that would require frequent monitoring. Additionally, this patient is not currently prescribed any opioid medication. The medical necessity has not been established.