

Case Number:	CM13-0032524		
Date Assigned:	12/11/2013	Date of Injury:	04/02/2012
Decision Date:	02/13/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/08/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine 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 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 35 year old female who sustained an injury on 4/2/12 while restraining a minor at work. The patient fell on the right knee. MRI of the right shoulder on 5/31/12, documented type II acromion with moderate proliferative changes seen in the acromioclavicular joint with impingement of the supraspinatus muscle tendon junction, particularly at the insertion of the humeral head with tendinosis seen; within the bone marrow of the superior and outer portion of the humeral head, there is at least 2-3 mm subchondral cystic structures seen; and there is globular appearance seen in the inferior and posterior labral. MRI of the cervical spine on 5/31/12 documented loss of intervertebral disc height and disc desiccation changes seen at the C4-C5 and C5-C6 levels with straightening of the normal cervical spine lordosis and C4-C5, C5-C6 right greater than left annular concentric and right greater than left paracentral 2.8-3 mm broad-based disc protrusions present entering the right greater than left lateral recess and neural foramina, producing mild right greater than left lateral spinal and neural foraminal stenosis. The primary treating physician's orthopedic follow up examination revealed decreased right shoulder flexion and abduction and decreased right shoulder flexion and abduction strength. Diagnosis include: 1. Cervical disc disease 2. Cervical disc syndrome 3. Right shoulder impingement. Syndrome 4. Right shoulder tendinopathy 5. Calcific tendonitis bursitis 6. Frozen shoulder/adhesive capsulitis 7. Right knee sprain/strain 8. Internal derangement of right knee 9. Insomnia, 10. Costochondritis. The medications prescribed were Tramadol ER, Prilosec, TGHut and Flurflex topical creams. Prior urine toxicology screens documented include dates of 11/17/12 and 4/22/13. Per psychiatric medical report documentation indicates, "Social- For a number of years, the applicant drank alcohol. It is not clear how much she drank, but in 2010 it got worse. The appli

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole #60 capsules to be taken orally twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Prilosec

Decision rationale: Omeprazole #60 capsules twice daily is not medically necessary per MTUS and ODG guidelines. Per MTUS guidelines OMEPRAZOLE is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, 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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Per the ODG," Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise."

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Urine Drug Testing

Decision rationale: Urine toxicology test is medically necessary per MTUS and ODG guidelines. Patient is on Tramadol. Per MTUS," Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The ODG states that ongoing urine drug testing is appropriate if that patient has a high risk of addiction which includes comorbid psychiatric disorder (such as depression, anxiety) Per documentation patient has a history of depressive disorder with anxiety. Urine toxicology testing is medically necessary in this patient.