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| Case Number: | CM13-0046978 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/19/2003 |
| Decision Date: | 03/20/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

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 Occupational Medicine, 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. 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic hip, thigh, ankle, foot, heel, wrist, and low back pain with derivative psychological stress reportedly associated with an industrial injury of October 19, 2003. Thus far, the applicant has been treated with the following: analgesic medications; attorney presentation; unspecified amounts of psychotherapy; topical agents; ankle and foot surgery; attorney representation; and extensive periods of time off of work. In a utilization review report of October 30, 2013, a request for Docuprene was denied. A request for omeprazole was likewise denied. A request for Elavil was approved. Norco was apparently partially certified for weaning purposes, while Zanaflex was approved. Urine drug screen was also denied. The applicant's attorney later appealed. The utilization review decision was truncated by fax. Ongoing usage of medications including Norco normalizes function and diminishes pain. There is decreased sensation in the left leg. The applicant was given refills of numerous medications and asked to obtain a urine drug screen. Her medication list included hydrocodone, Tizanidine, Elavil, Prilosec, and Dendracin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Kahrilas P.j., Shahee, N. J., Vaezi, M. F.,

Hiltz, S. W., Black, El., Modlin, I. M., Johnson, S. P., Allen, J., and Brill J. V. (2008). American Gastroenterological Association, American Gastroenterological Association Medical Position Statement on the management

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as omeprazole or Prilosec are indicated in the treatment of NSAID (Nonsteroidal anti-inflammatory drugs)-induced dyspepsia. In this case, however, there is no mention of dyspepsia, either NSAID-induced or standalone mentioned on the most recent progress note or in the review of systems section. An applicant's questionnaire of September 18, 2013 also made no mention of issues associated with reflux, heartburn, and/or dyspepsia for which ongoing usage of omeprazole would be indicated. Therefore, the request remains not certified, on independent medical review.

1 Prescription of Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on the most recent progress note and on the applicant's questionnaire of September 18, 2013, ongoing usage of opioids, including Norco, does apparently result in diminished pain and improved function, although it is incidentally noted that the applicant has failed to return to work. Thus, on balance, two to three criteria set forth in the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy has seemingly been met. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

1 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/ Disability Duration Guidelines, Pain (Chronic).

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines does report intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify frequency with which to perform urine drug testing. As noted in the Official Disability Guidelines (ODG) chronic pain chapter urine drug testing topic, an attending provider should clearly furnish a list of those drug tests and/or drug panels which he

intends to test for along with the request for authorization. The attending provider, in this case, however, did not clearly state which drug tests and/or drug panels he intended to test for, nor did the attending provider state the last previous date on which the applicant underwent urine drug testing. Several ODG criteria for pursuit of urine drug testing have not been met. Therefore, the request is not certified, on independent medical review.