

Case Number:	CM13-0048739		
Date Assigned:	12/27/2013	Date of Injury:	08/31/2012
Decision Date:	03/14/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/06/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 43-year-old female with a date of injury on 8/31/12 and 1/10/2013. Patient has been treated for ongoing bilateral wrist/hand pain and low back pain. Diagnoses include lumbago, and carpal tunnel syndrome. The patient had the initial x-rays and magnetic resonance imaging (MRI) of the lumbar spine, which demonstrated disc herniation. The submitted electromyography (EMG) shows normal findings of the bilateral upper extremities. The patient completed a course of physical therapy that was recorded as not being helpful. The medications documented are Flexeril and Motrin. The subjective complaints are of pain in the bilateral wrists/hands, with numbness and tingling, and lumbosacral spine. The physical exam showed tenderness to the bilateral hands/wrists, tenderness in the low back midline and paraspinal musculature with positive straight leg raise. The submitted documentation does not identify any gastrointestinal complaints, any reference to prior opioid therapy, or reference to the initiation of opiate therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Screening.

Decision rationale: The Chronic Pain Guidelines support using drug screening to test for illegal drugs and compliance with medication regimens. The Official Disability Guidelines recommend the use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six (6) months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant drug behavior, inappropriate compliance, or drug diversion. Furthermore, the patient is not being prescribed a controlled substance, and there is no documentation that opiate therapy is to be initiated. Therefore the medical necessity of urine drug screening is not established.

Flexeril 10 mg #30, no refills: 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 Cyclobenzaprine, Muscle relaxants Page(s): 41-42, 63.

Decision rationale: The Chronic Pain Guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using muscle relaxers since the onset of injury, which is longer than the recommended course of therapy of two to three (2-3) weeks. Furthermore, muscle relaxers in general, show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain reduction of which the patient was already taking. There is no evidence in the documentation that suggests that the patient experienced improvement with the ongoing use of cyclobenzaprine. Since the guidelines indicate that cyclobenzaprine should be used as a short term therapy, there is no benefit of adding this medication.

Omeprazole 20 mg #30, no refills: 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 NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that a proton pump inhibitor can be added to non-steroidal anti-inflammatory drug (NSAID) therapy, if the patient is at an intermediate to high risk for adverse gastrointestinal (GI) events. The Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. There is no documentation identified that would stratify this patient in an intermediate or high risk GI

category. Submitted records do not identify any medical history of GI problems, or current problems related to her ongoing medication. Since the patient has no history of peptic ulcers, GI bleeding, or gastritis secondary to medications, the requested prescription for Omeprazole is not medically necessary.