

<b>Case Number:</b>	CM13-0049354		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/28/2003
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Neurology, has a subspecialty Certificate in Neuromuscular 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:

This patient is a 49-year-old man who sustained a work-related injury on January 30 2003. According to a treating physician's note of October 16, 2013, the patient was treated for chronic back pain with lumbar spinal cord stimulator with 50% relief. The patient was treated with opioid medications. The patient has history of shoulder, upper back and neck pain. His physical examination is negative for any focal neurological signs but reveals pain in the right shoulder on abduction as well as pain in the neck and upper back. The provider is requesting authorization for Prilosec, Ultram and Urine Drug screen every 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 urine toxicology screening every 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.

**Decision rationale:** According to MTUS guidelines, frequent urine toxicology screening is indicated to avoid misuse/addiction. The patient was treated with opioid medication for several years. He was referred to pain management for a weaning process from opioid. While the

patient is at risk for misuse or abuse of opioids, the requested drug screen every three (3) months is not medically necessary or appropriate.

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Prilosec, or other proton pump inhibitors, are recommended when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. The risk factors for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (such as aspirin), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs (e.g., NSAID + low-dose ASA). There is no documentation in the patient's chart demonstrating that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20 mg is not medically necessary