MAXIMUS Federal Services

Case Number:	CM13-0062530		
Date Assigned:	12/30/2013	Date of Injury:	11/22/2006
Decision Date:	03/27/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, 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 53 year-old male sustained an injury on 11/22/06 while employed by [redacted]. Requests under consideration include Omeprazole 20 mg #30, Evaluation and treatment by Internist, and Urine Drug testing. Report of 11/8/13 from provider noted patient with complaints of left neck pain; however feeling better s/p posterior fusion at C6-7 on 5/7/13. Exam showed tenderness on left side of paraspinals, left upper trapezius and left interscapular region along the middle rhomboids; diminished range of motion with lateral bending on left greater than right side. Diagnoses included cervical fusion C6-7; probable disease at C5-6 with left upper extremity radiculopathy; lumbar facet arthrosis L4-S1. Previous conservative care has included L5-S1 epidural steroid injections on 9/16/13, completed physical therapy, and medications. X-rays of 9/27/13 showed well-healed fusion without evidence for instability throughout the neck. The above requests were non-certified on 12/2/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Omeprazole 20mg, #30 (1 tablet every day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

Decision rationale: This medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper secretion diseases. MTUS Chronic Pain Medical Treatment Guidelines state that the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20 mg #30 is not medically necessary and appropriate.

The request for Evaluation and Treatment by an Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7- Independent Medical Examinations and Consultations, pg 127.

Decision rationale: Submitted reports have not demonstrated any specific complicated GI diagnoses indicative of an internal medicine consultation to treat for nonspecific GI complaints. There are no identifying GI clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed conservative medication treatment trials rendered for any unusual or complex pathology that may require second opinion. The evaluation and treatment by an internist is not medically necessary and appropriate.

The request for Urine drug testing (CPT: 80101, every week x 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,80,94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS Guidelines state that urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid. Presented medical reports have unchanged symptoms with unchanged clinical findings. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results

for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug testing (CPT: 80101, every week x 6 weeks) is not medically necessary and appropriate.