

<b>Case Number:</b>	CM13-0064073		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 expert 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 33 year-old with a date of injury of 05/03/07. 820 pages of data were submitted. Progress reports were primarily encounter forms filled in by hand. A progress report on 09/24/13, identified subjective complaints of lumbosacral back pain and stiffness with some weakness and numbness (location not specified). Objective findings included lumbosacral tenderness to palpation and a positive straight leg-raising. Urinalyses for drug monitoring were performed on 07/29/13 and 09/30/13. Diagnoses listed were lumbar strain and radiculopathy. Treatment has included oral opioids and muscle relaxants. NSAID therapy was not documented. A Utilization Review determination was rendered on 11/25/13 recommending non-certification of "Pantoprazole; Urine Analysis, Lab Testing (CBC, Thyroid, Hemoglobin A1C & Liver Function); and Urology Consult".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

**Decision rationale:** Pantoprazole is a proton pump inhibitor (PPI). The Medical Treatment Utilization Schedule (MTUS) does not address proton pump inhibitors directly. The Official Disability Guidelines note that PPIs are recommended for patients at risk for gastrointestinal events. There is no indication for pantoprazole, a proton pump inhibitor, for treatment of musculoskeletal pain. The record does not indicate that the patient has had side-effects from previously prescribed medications. Likewise, there is no documentation of concurrent NSAID (Non-Steroidal Anti Inflammatory Drugs) therapy. Therefore, the medical record does not document the medical necessity for pantoprazole.

**Urine Analysis, Lab Testing (CBC, Thyroid, Hgh, AIC Liver Function):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, URINE DRUG TESTING.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, URINE DRUG TESTING.

**Decision rationale:** This patient is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in "low-risk" patients, yearly screening is appropriate. "Moderate risk" patients for addiction/aberrant behavior are recommended to have point-of-contact screening 2 to 3 times per year. "High risk" patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. This patient is not documented to be moderate or high risk and urine drug testing was done twice in the four months prior to this request. Therefore, the record does not document the medical necessity for all the requested diagnostics.

**Urology Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND TREATMENT Page(s): 11. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, OFFICE VISITS.

**Decision rationale:** The Official Disability Guidelines (ODG) state that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule

(MTUS) state that there is no set visit frequency. The referral to urology was due to a low testosterone. The non-certification was based on lack of documentation of a low testosterone and appropriateness of a urology consultation for the disorder. In this case, the record does not document the medical necessity for the consultation based on the aforementioned parameters.