

Case Number:	CM13-0066931		
Date Assigned:	01/03/2014	Date of Injury:	09/28/2012
Decision Date:	04/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

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 Emergency 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 claimant is presented with a date of injury of 9/28/12. No mechanism of injury provided but record notes to be potentially from chronic use. Diagnosis includes right forearm/wrist tendinitis and subluxation of ulnar nerve. Medical reports reviewed from primary treating physician and consultants. Last report available until 1/22/14, notes weakness and decreased range of motion and documents patient complaining of right forearm and wrist pain with radiation to elbow. Patient reports pain worsens with lifting and pulling. Objective exam reveals swelling of mid and distal forearm of wrist with tenderness to flexor carpi ulnaris, extensor carpi ulnaris, distal radioulnar and triangular fibrocartilage complex. Pain with stress to tendons. Range of motion decreased. Utilization review is for prescription for Prilosec 20mg #30 and random urine drug screen. Patient is noted to be taking Tylenol #3 for pain. Only medication list provided is from orthopedic surgeon which notes that patient is on Motrin, Tylenol #3 and Prilosec from 8/9/2013. The patient has a history of diabetes but no other medications noted on record. There is a note that the patient has some burning sensation in epigastric region. Report from the primary treating physician from 1/22/14 clarifies request for Prilosec and urine drug screen. The primary treating physician claims that Tylenol #3 especially the codeine component "can cause gastrointestinal irritation" and that the patient claims that it "decreased incidence of her gastritis". Report quotes an article about the benefits of proton pump inhibitors in peptic acid disease. Report also clarifies that urine drug screen is needed for drug monitoring and pain management plan. The last utilization review on 11/21/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine sample/drug screen: Overturned

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option to monitor chronic opioid use for illegal drug use and for long term monitoring in chronic pain management. The primary treating physician's additional information concerning the urine drug screen as part of drug abuse screening and monitoring is medically appropriate. The request for a urine drug screen is medically necessary and appropriate.

Prilosec 20 mg, (refill #30): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risks Page(s): 68-69.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The patient is on Motrin, an NSAID, with reports of burning epigastric discomfort consistent with dyspepsia. The patient meets MTUS criteria for the use of PPI on patient's on NSAIDs with dyspepsia. The prescription for prilosec is medically necessary and appropriate