

Case Number:	CM13-0070872		
Date Assigned:	01/08/2014	Date of Injury:	03/27/2012
Decision Date:	04/29/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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:

The patient is a 49-year-old female who reported an injury on 03/27/2012, due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to her neck and bilateral hands. The patient's treatment history included physical therapy, injection therapy, ultrasound, and a home traction unit. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation throughout the cervical paravertebral musculature, decreased range of motion secondary to pain, and a positive Spurling's test bilaterally. The patient's diagnoses included cervical spine pain and cervical radiculopathy. The patient's treatment plan included electrodiagnostic studies and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, QTY 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The requested 100 omeprazole 20 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of a

gastrointestinal protectant for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide any evidence that the patient's gastrointestinal system has recently been evaluated to support that the patient is at risk for developing gastrointestinal events related to medication usage. Therefore, the use of omeprazole is not clearly indicated. As such, the requested 100 omeprazole 20 mg is not medically necessary or appropriate.

Urine Analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009 Sections on (Opiates, steps to avoid misuse/addiction) an. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, including Prescribing Controlled Substances (May 2009), Page 10.

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

Decision rationale: The requested urine analysis is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug testing for patients who are at risk for aberrant or drug-seeking behavior. The clinical documentation does indicate that the patient underwent a urine analysis in 07/2013. The patient's most recent clinical evaluation fails to document that the patient has any drug-seeking or aberrant behaviors. There is no documentation that the patient has any symptoms of withdrawal or overuse to support the need for an additional urine analysis. As such, the requested urine analysis is not medically necessary or appropriate.