MAXIMUS Federal Services

Case Number:	CM13-0072156		
Date Assigned:	01/08/2014	Date of Injury:	01/25/2011
Decision Date:	04/28/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and Texas. 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 52-year-old male who reported an injury on 01/25/2011. The mechanism of injury was not provided for review. The patient's treatment history included physical therapy, activity modifications, a lumbar support, chiropractic care, acupuncture, and multiple medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent urine drug screen in 08/2013 was consistent with the patient's prescribed medication schedule. The patient's most recent clinical evaluation documented that the patient had 6/10 to 7/10 pain of the cervical thoracic and lumbar spine. It was noted that the patient had no side effects related to medication usage. Physical findings included tenderness to palpation of the cervical, thoracic and lumbar paravertebral musculature. The patient had restricted cervical, thoracic and lumbar range of motion secondary to pain. Physical findings of the right shoulder revealed a surgical scar with pain with range of motion and a palpable screw over the clavicular region. The patient's diagnosis included cervical sprain/strain, thoracic radiculopathy, lumbar radiculopathy, right rotator cuff sprain/strain, right shoulder internal derangement, right shoulder sprain/strain, and status post surgery of the right shoulder. The patient's treatment plan included continuation of medications and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: The requested omeprazole 20 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The patient's most recent clinical documentation did not include an adequate assessment of the patient's gastrointestinal system to support that they are at risk for developing gastrointestinal-related events due to medication usage. Additionally, the request as it is submitted does not include a frequency of usage. Therefore, the appropriateness of the medication cannot be determined. The clinical documentation submitted for review clearly identifies that the patient has no side effects that would require the management of this medication. As such, the requested omeprazole 20 mg #60 is not medically necessary or appropriate.

Urine Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDs Page(s): 78. Decision based on Non-MTUS Citation dog, Procedure Summary, Pain

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

Decision rationale: The requested urine test is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends urine drug screening for patients on opioid therapy that exhibit drug-seeking or nonadherent behaviors. The clinical documentation submitted for review does provide evidence that the patient recently underwent a urine drug screen that was consistent with the patient's prescribed medication schedule. The patient's most recent clinical evaluation did not provide any evidence of physical findings of overuse or withdrawal to support that the patient exhibits any aberrant behavior that would require additional urine drug screening. As such, the requested urine test is not medically necessary or appropriate.