

Case Number:	CM14-0006296		
Date Assigned:	03/03/2014	Date of Injury:	06/10/2009
Decision Date:	06/30/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 56-year-old male who has submitted a claim for medial meniscal tear of right knee, musculoligamentous sprain of cervical spine and lumbar spine, and partial thickness tear of right anterior cruciate ligament associated with an industrial injury date of June 10, 2009. Medical records from 2013 were reviewed showing the patient having severe pain and discomfort in the cervical spine, right shoulder, right hand, low back and bilateral knees grade 6/10. The pain was described as sharp, stabbing, throbbing, pins and needles, and aching in nature. The pain in the right shoulder radiates downwards to the thoracic spine and lower back. Most recent examination showed tenderness on both knees and pain with range of movement. Motor activity and sensation was intact. MRI of the cervical spine dated June 7, 2013 revealed 2mm central disk protrusion which focally indents the ventral thecal sac at C4-C5, broad-based central 3.5mm disk protrusion which effaces the ventral thecal sac with resultant severe spinal canal stenosis and mild cord compression, broad-based 3mm disk bulge or protrusion with resultant severe spinal canal stenosis and mild cord compression with mild narrowing of the entry zones to the neural foramina at C6-C7, and 1.5mm disk bulge which minimally to mildly indents the ventral thecal sac at C7-T1. MRI of the lumbar spine done on June 7, 2013 showed 1-2mm disk bulging and minimally narrowed neural foramina at L3-L4, minimal spondylolisthesis of L4 with 2-3mm disk bulging and mildly stenotic spinal canal and mildly narrowed neural foramina at L4-L5, and annular tear in the posterior disk with 3.5mm disk protrusion with mildly narrowed neural foramina and mild to moderate left facet arthropathy on L5-S1. Treatment to date has included medications, physical therapy, acupuncture, knee braces, Synvisc injections, cortisone injection, and knee surgery. Utilization review dated December 31, 2013 denied the prospective request for Prilosec 20mg #60 between 12/9/2013 and 2/13/2014 because the documentation failed to demonstrate that the patient has experienced gastrointestinal

events with the use of NSAIDs. The prospective request for 1 urine toxicology test between 12/9/2013 and 2/13/2014 was denied as well because documentation do not show that the patient was being or will be prescribed opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,

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

Decision rationale: Prilosec is a brand name for the proton pump inhibitor omeprazole. As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patient's who are at high risk for gastrointestinal events. The use of proton pump inhibitors is recommended in those individuals: using multiple NSAIDs; high-dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient has been using Prilosec since May 2013. Although patient is on NSAIDs, there is no documentation of GI risk factors in this patient. Recent progress notes did not indicate the patient having a high risk for gastrointestinal events nor were there any complaints of GI upsets. Also, this medication is not recommended for long-term use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Prilosec 20mg #30 is not medically necessary.

URINE TOXICOLOGY TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIATES, STEPS TO AVOID MISUSE/ADDICTION,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In this case, patient underwent urine drug screening on September 30, 2013, October 3, 2013, and December 12, 2013 which showed negative results. The medical records failed to provide evidence of on-going opioid treatment or plans for a therapeutic trial of opioids. There is also no suspected drug abuse or use of illegal drugs. There is no clear rationale for urine drug screen. Therefore, the request for urine toxicology screening is not medically necessary.

