

Case Number:	CM14-0010269		
Date Assigned:	02/21/2014	Date of Injury:	01/10/2013
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine, and is licensed to practice in New York. 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 claimant is a 56-year-old man, injured January 10, 2013, diagnosed with a sprain of his neck. He complains, additionally, of pain in the lumbar spine, bilateral shoulders, hands and legs. In November 2013, his medication regimen consisted of Norco and Zanaflex. The request was made for Prilosec 20 mg, #60 and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PRILOSEC 20 MG. # 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, ,

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

Decision rationale: This patient does not meet guidelines for using Prilosec or any PPI (proton pump inhibitor) according to the Chronic Pain Medical Treatment Guidelines. The patient is not deemed to be at risk for GI events (age over 65 years old, history of peptic ulcer; GI bleeding or perforation; concurrent use of ASA (acetylsalicylic acid), corticosteroids and/or an

anticoagulant; or high dose, multiple NSAIDs. It is not clear that he is on an NSAID per records reviewed. The request for one prescription of Prilosec 20mg, sixty count, is not medically necessary or appropriate.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to avoid misuse/addiction, Opioids, Ongoing Management Page(s): 94, 78.

Decision rationale: It is suggested that urine drug testing occur frequently, especially those at high risk. Drug testing is suggested for those with issues of abuse, addiction or poor pain control. The request for urine drug screening is made in order to "evaluation of medication intake that the patient is currently taking." He is prescribed Norco (prior Ultram) and Zanaflex, with no improvement in pain level noted. It may be prudent to perform drug testing, but it is not clear why it is being done, and at what frequency it should be done. There is no evidence of any assessment for the potential of abuse, which may help guide testing frequency. There is no medication management contract which outlines the use of drug testing. The request for a urine drug screen is not medically necessary or appropriate.