

<b>Case Number:</b>	CM14-0011573		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/07/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Tennessee. 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 female who has submitted a claim for left knee medial meniscus tear, right knee chronic strain, chronic cervical strain, chronic lumbar strain, bilateral thumb pain, anxiety, and depression; associated with an industrial injury date of 05/07/2012. Medical records from 2013 were reviewed and showed that patient complained of persistent neck, back, and bilateral thumb and finger pain. Physical examination showed tenderness to the trapezius, paraspinal muscles, and right middle digit. Range of motion of the cervical spine, right wrist, and bilateral knees was decreased. Decreased strength was noted in the left C5-C8 distribution. Sensation was decreased over the left C5 distribution. Treatment to date has included medications, biofeedback sessions, physical therapy, cortisone injections, TENS, and trigger finger release (2010). Utilization review, dated 01/24/2014, modified the request for Prilosec to enable the provider to assess the efficacy of this medications; modified the request for Ultram for weaning purposes; and denied the request for urine drug screening because there was no documentation of concern over illicit drug use or noncompliance with prescribed medication.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 68-69.

**Decision rationale:** Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 68 to 69 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors 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 prescribed omeprazole since at least March 2013. However, the most recent progress reports do not show that patient has gastrointestinal symptoms. Moreover, the medical records submitted for review did not show that the patient is at risk for MTUS-defined gastrointestinal event. Therefore, the request PRILOSEC 20MG #60 is not medically necessary.

**ULTRAM 50MG, #120 QUANTITY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 93-94.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed tramadol since at least April 2013. Previous treatment with tramadol decreased the pain from 8/10 to 4/10. However, the medical records do not clearly reflect continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for ULTRAM 50 MG #120 is not medically necessary.

**URINALYSIS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

**Decision rationale:** As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be

concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as she was diagnosed with anxiety and depression. Urine drug tests have been performed on 03/29/2013 and 04/12/2013, and the most recent test was inconsistent with prescribed medications. The medical necessity for additional urine drug screening has been established, given that the patient is moderate risk for drug abuse. Therefore, the request for URINALYSIS is medically necessary.