

Case Number:	CM14-0017885		
Date Assigned:	04/16/2014	Date of Injury:	04/23/2013
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 26 year old male who reported an injury on 04/23/2013. The mechanism of injury was not reported. Per the 10/23/2013 progress report, the injured worker's medications included Naprosyn 550 mg, Omeprazole 20 mg, Neurontin 600 mg, and Flexeril 7.5 mg. The injured worker had a negative urine drug screen. Per the 01/15/2014 progress report, the injured worker's medications were unchanged. A urine drug screen performed on 01/15/2014 was negative. The clinical note dated 01/15/2014 reports the injured worker has decreased range of motion and spasms on physical examination. The rationale for the current requests was not provided. The request for authorization form was submitted on 01/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: URINE DRUG SCREEN (1/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , DRUG TESTING, 43

Decision rationale: The request for a retrospective urine drug screen performed on 01/15/2014 is not medically necessary. The CA MTUS guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Per the 01/15/2014 progress report, the injured worker's medications included Naprosyn 550 mg, Omeprazole 20 mg, Neurontin 600 mg, and Flexeril 7.5 mg. The injured worker was not taking any opioid analgesics during this period and recently had a negative urine drug screen on 10/23/2013. There is no evidence of aberrant behavior. The medical records provided fail to establish the necessity for a repeat urine drug screen. As such, the request is not medically necessary, retrospectively.

RETRO: OMEPRAZOLE 20MG, #100 (1/15/14): 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,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PPI, 68-69

Decision rationale: The request for Omeprazole 20 mg, #100 (01/15/2014) is not medically necessary. The CA MTUS guidelines state a proton pump inhibitor is recommended for patients with current gastrointestinal problems or those at risk for gastrointestinal events. The 01/15/2014 progress report shows no evidence the injured worker had gastrointestinal symptoms to warrant the request for Omeprazole. As such, the request is not medically necessary, retrospectively.

RETRO: FLEXERIL 7.5MG, #90 (1/15/14): 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, MUSCLE RELAXANTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CYCLOBENZAPRINE (FLEXERIL), 41-42

Decision rationale: The request for Flexeril 7.5 mg, #90 (01/15/2014) is not medically necessary. The CA MTUS guidelines state Flexeril is recommended as an option, using a short course of therapy. The 07/30/2013 progress report documents the initial prescription for Flexeril 7.5 mg. The guidelines state treatment with Flexeril should be brief; however, the medical records provided show this is an ongoing prescription. As such, the request is not medically necessary, retrospectively.