

<b>Case Number:</b>	CM14-0132214		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 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 injured worker is a 47-year-old male who reported an injury on 08/23/2002. The mechanism of injury was not provided for clinical review. The diagnoses included herniated disc of the lumbar spine. Previous treatment included medication, TENS unit, exercise program, and gym membership. Within the clinical note dated 08/01/2014, it was reported the injured worker complained of constant pain in the lumbar spine. He reported the pain was severe. The injured worker complained of increased pain with bending, lifting, stooping, and prolonged sitting. The injured worker reported weakness in the lower extremities. He reported numbness and tingling in both lower extremities. He rated his pain 4/10 in severity. On the physical examination, the provider noted that the lumbar spine had minimal flexion and extension. The clinical documentation noted tenderness was palpable over the paravertebral musculature with spasms present. The injured worker had decreased sensation in the right thigh. The request submitted is for Nexium and a urine drug screen. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription for Nexium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Unknown prescription for Nexium is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Nexium are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include, over the age of 65, a history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking non-steroidal anti-inflammatory drugs (NSAIDs). The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the dosage of the medication. The request submitted failed to provide the frequency and the quantity of the medication. Additionally, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

**1 Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for 1 Urine Drug Screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk or misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug seeking behaviors. Therefore, the request is not medically necessary.