

Case Number:	CM14-0134597		
Date Assigned:	08/27/2014	Date of Injury:	07/12/2008
Decision Date:	10/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine 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:

This is a 57-year-old male with a 7/12/08 date of injury, when he fell of a six feet high scaffold and hurt his neck, back, shoulders, right arm and legs. The patient underwent cervical fusion in 2011 and lumbar fusion in 2013. The urine drug screen test performed on 2/14/14 revealed that the patient was not taking Ultram as prescribed, as it was not detected. The patient was seen on 8/1/14 with complaints of lower back pain that was 6/10 with medications and 8/10 without medications. The patient completed physical therapy, which was helpful and was doing home exercise program. The patient stopped the use of oral NSAIDs due to gastrointestinal distress. Exam findings revealed cervical range of motion decreased by 25 % and lumbar range of motion decreased by 50%. Spurning's test was positive bilaterally. The urine drug screen test dated 8/1/14 was negative for all opiate medications. The diagnosis is disc herniation, status post cervical and lumbar fusion and spondylolisthesis. Treatment to date: physical therapy, work restrictions, epidural steroid injections and medications. An adverse determination was received on 8/13/14. The request for urine drug screen test (UDS) was denied given that previous UDS test showed that the patient was inconsistent with his medications and that the patient had continued to be screened with urine toxicology at each follow up visit. The request for Ultram was denied given that previous UDS tests were completely negative for evidence of Ultram despite the fact that the patient was prescribed this medication for a daily. In addition, the prior reviews recommended weaning off of the medication, however there were no indications that attempts for weaning were being made and that Ultram was discontinued. The request for Prilosec was denied given that the patient discontinued the use of oral NSAIDs and that there was no indication for the patient to continue Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective- Urine Drug Screen (DOS 8-1-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing; Urine testing in in ongoing opiate management Page(s): 43; 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is 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. The progress notes stated that the patient underwent several UDS tests and that the results showed that the patient was inconsistent with his medications. The guidelines do not recommend UDS test as a routine test. It is not clear, why the prescriber requested additional UDS test given, that the patient was not taking his medications. Therefore, the request for Urine Drug Screen was not medically necessary.

Ultram 50mg, one by mouth q6-8 hours as needed #60 (DOS 8-1-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates; Tramadol Page(s): 78-81; 113.

Decision rationale: CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The previous UDS tests indicated that despite the prescription for regular use of Tramadol, the results were consistently negative for evidence of this medication. In addition, the weaning process off of opioids was recommended for the patient. There is no clear rationale with regards to the continuation of Ultram. Therefore, the request for Ultram 50 mg one tab PO q6-8 hours prn #60 was not medically necessary.

Prilosec 40mg, 1 tab one time daily #60 (DOS 8-1-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton pump inhibitors; FDA (Prilosec)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. The progress note dated 8/1/14 indicated that the patient discontinued the use of oral NSAIDs due to gastrointestinal effects. There is no clear rationale with regards to the need for continuation of the use for this medication. Therefore, the request for Prilosec 40 mg 1 tab one time daily # 60 was not medically necessary.