

Case Number:	CM14-0135575		
Date Assigned:	08/29/2014	Date of Injury:	01/13/2011
Decision Date:	09/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/22/2014

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 and Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 38-year-old female with a date of injury of 01/13/2011. The listed diagnoses per [REDACTED] are: 1. Right shoulder sprain/strain, rule out internal derangement. 2. Right wrist sprain/strain, rule out internal derangement. According to progress report 07/14/2014, the patient presents with intermittent right shoulder pain rated as 7/10 and constant right wrist pain rated as 7/10. There is associated numbness and tingling noted. The patient also complains of low back pain that radiates to the right foot with numbness and cramps. Examination revealed severe painful range of motion of the lumbar spine and extreme motor weakness to the bilateral lower extremities. AME report 05/21/2014 indicates the patient has neck, bilateral shoulder, bilateral hands and wrists, low back, hernia/groin, psyche, sleep disorder, and sexual dysfunction issues. The patient also has stomach problems from taking medications. The treating physician is requesting refill of omeprazole 20 mg #90, nabumetone 500 mg #60, a urine toxicology screen, referral to internist for GI problems, and range of motion testing. Utilization review denied the requests on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: This patient presents with right shoulder, right wrist and low back pain. The treating physician is requesting omeprazole 20 mg #90. The MTUS Guidelines state that "omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID." It appears that it is the initial request. The patient has been taking NSAID on a long term basis, but the treating physician does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not medically necessary.

Nabumetone 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAID'S MEDICATIONS FOR CHRONIC PAIN Page(s): 60-61.

Decision rationale: This patient presents with right shoulder, right wrist and low back pain. The treating physician is requesting nabumetone 500 mg #60. Prior reports indicate the patient has been taking other NSAIDs, Relafen, and Diclofenac on a long term basis. The treating physician does not discuss functional improvement or pain relief from taking chronic NSAID. MTUS requires "documentation of pain assessment and functional changes when medications are used for chronic pain." The request is not medically necessary.

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen:Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with right shoulder, right wrist and low back pain. The treating physician is requesting urine toxicology. While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, ODG Guidelines provide clear recommendation. ODG recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The patient's medication regimen includes Butrans patches, NSAID, Prilosec, and Flexeril. The treating physician has been requesting monthly urine toxicology screens. ODG states once a year screening should be sufficient in low-risk patients. The request is not medically necessary.

Refer to internist for GI problems: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary (updated 06/10/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter:7, page 127.

Decision rationale: This patient presents with right shoulder, right wrist and low back pain. The treating physician is requesting a range of motion testing. The ACOEM, MTUS and ODG guidelines do not specifically discuss ROM or strength testing. However, ODG under Range of Motion does discuss Flexibility. ODG has the following, "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation." ODG guidelines consider examination such as range of motion part of routine musculoskeletal evaluation. The treating physician does not explain why a range of motion test is requested as a separate criteria. It should be part of examination performed during office visitation. The request is not medically necessary.

ROM testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES.

Decision rationale: This patient presents with right shoulder, right wrist and low back pain. The treater is requesting a range of motion testing. The ACOEM, MTUS and ODG guidelines do not specifically discuss ROM or strength testing. However, ODG under Range of Motion does discuss Flexibility. ODG has the following, "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation." ODG guidelines consider examination such as range of motion part of routine musculoskeletal evaluation. The treater does not explain why a range of motion test is requested as a separate criteria. It should be part of examination performed during office visitation. Recommendation is for denial.

