

<b>Case Number:</b>	CM14-0151531		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/23/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 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 patient sustained an injury on 5/23/09 while employed by [REDACTED]. Request(s) under consideration include Urine Screen and Omeprazole 20mg #100. Diagnoses include Sacroiliac region sprain/ strain and myalgia/ myositis. Hand-written somewhat illegible report of 3/5/14 noted the patient with chronic ongoing pain with Lumbar spine and elbows associated with numbness in the legs with forearm pain. The patient was not working. Exam showed positive SLR (no degree specified); positive Tinel's at ulnar groove; normal reflexes and normal strength of upper extremities; decreased lumbar range (no planes or degrees); paraspinal spasm and medial lateral epicondyle. Treatment included medication refills of Naprosyn, Omeprazole, Flexeril, and Neurontin with continued acupuncture. Hand-written somewhat illegible report of 9/4/14 from the provider noted unchanged chronic symptoms involving forearm/ elbows and low back/legs with unchanged identical exam findings as previous reports. Medications again list Naprosyn, Omeprazole, Flexeril, Neurontin and added Methoderm topical gel. The request(s) for Urine Screen and Omeprazole 20mg #100 were not medically necessary on 9/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Screen:** Upheld

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

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

**Decision rationale:** This patient sustained an injury on 5/23/09 while employed by [REDACTED]. Request(s) under consideration include Urine Screen and Omeprazole 20mg #100. Diagnoses include Sacroiliac region sprain/ strain and myalgia/ myositis. Hand-written somewhat illegible report of 3/5/14 noted the patient with chronic ongoing pain with Lumbar spine and elbows associated with numbness in the legs with forearm pain. The patient was not working. Exam showed positive SLR (no degree specified); positive Tinel's at ulnar groove; normal reflexes and normal strength of upper extremities; decreased lumbar range (no planes or degrees); paraspinal spasm and medial lateral epicondyle. Treatment included medication refills of Naprosyn, Omeprazole, Flexeril, and Neurontin with continued acupuncture. Hand-written somewhat illegible report of 9/4/14 from the provider noted unchanged chronic symptoms involving forearm/ elbows and low back/legs with unchanged identical exam findings as previous reports. Medications again list Naprosyn, Omeprazole, Flexeril, Neurontin and added Methoderm topical gel. The request(s) for Urine Screen and Omeprazole 20mg #100 were not medically necessary on 9/11/14. MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to a patient who has not been prescribed any opiates for since at least the 3/5/14 report. Medications list Naprosyn, Omeprazole, Flexeril, Neurontin and added Methoderm topical gel, all non-opiates. Presented medical reports from provider have unchanged chronic severe pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none is provided. The Urine Screen is not medically necessary and appropriate.

**Omeprazole 20mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** This patient sustained an injury on 5/23/09 while employed by [REDACTED]. Request(s) under consideration include Urine Screen and Omeprazole 20mg #100. Diagnoses include Sacroiliac region sprain/ strain and myalgia/ myositis. Hand-written somewhat illegible report of 3/5/14 noted the patient with chronic ongoing pain with Lumbar spine and elbows associated with numbness in the legs with forearm pain. The patient was not working. Exam showed positive SLR (no degree specified); positive Tinel's at ulnar groove; normal reflexes and normal strength of upper extremities; decreased lumbar range (no planes or degrees); paraspinal spasm and medial lateral epicondyle. Treatment included medication refills

of Naprosyn, Omeprazole, Flexeril, and Neurontin with continued acupuncture. Hand-written somewhat illegible report of 9/4/14 from the provider noted unchanged chronic symptoms involving forearm/ elbows and low back/legs with unchanged identical exam findings as previous reports. Medications again list Naprosyn, Omeprazole, Flexeril, Neurontin and added Methoderm topical gel. The request(s) for Urine Screen and Omeprazole 20mg #100 were not medically necessary on 9/11/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg #100 is not medically necessary and appropriate.