

Case Number:	CM14-0154178		
Date Assigned:	09/23/2014	Date of Injury:	03/26/2013
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal 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:

The patient is a 53 year old male who was injured on 03/26/2013. The mechanism of injury is unknown. Prior medication history included Tramadol, Prilosec, and Naproxen. He has been treated conservatively with physical therapy and acupuncture. Diagnostic studies reviewed include MRI of the left elbow dated 10/17/2013 revealed lateral epicondylitis. Progress report dated 07/17/2014 indicates the patient continue be symptomatic with left elbow throbbing pain. He also reported weakness and swelling. On exam, orthopedic tests were negative. He had extreme pain on palpation over the left lateral epicondyle but no pain over the medial condyle. On inspection of his left upper extremity, he had swelling from the elbow down to the tips of the finger. Bilateral thumbs ranges of motion were within normal limits as well as all fingers ranges of motion. Bilateral wrists revealed flexion at 70; extension at 60; radial deviation at 40; ulnar deviation at 20; pronation at 80 and supination at 80. Elbow range of motion revealed flexion at 140; extension at 0 and pronation at 80. The patient was diagnosed with left lateral epicondylitis, status post injection on 06/07/2013 and 02/13/2014. He was recommended for a urine drug screen to monitor medications and Prilosec 20 mg. On peer review dated 09/09/2014, the patient reported no stomach pain but was given medication for pain, Prilosec, for inflammation and GI protection from medications. Prior utilization review dated 09/10/2014 states the requests for Prilosec 20mg, #30 (dispensed in office); and Urine toxicology screen to monitor medications are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton pump inhibitors (PPIs)

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

Decision rationale: The guidelines recommend PPI therapy for patients at risk for GI complications on NSAIDs or for patients with certain GI conditions such as dyspepsia, PUD, GERD etc. The guidelines state that PPIs are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. It does not appear the patient has any GI signs/symptoms that are being treated by PPI therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Urine toxicology screen to monitor medications: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: The guidelines recommend urine drug screening to screen for substance abuse or monitoring of patients on chronic opioid therapy. In general, screening on a yearly basis is sufficient for patients on chronic opioid therapy at low risk for abuse. The clinical notes did not discuss the patient's history of aberrant behavior or risk for substance abuse. The notes did not discuss when the patient's previous UDS was and what the results were at that time. It is unclear why a UDS is being ordered at this time from the notes provided. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.