

<b>Case Number:</b>	CM14-0168322		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	06/18/1988
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 69-year-old female with complaints of low back and right lower extremity pain. The date of injury is 6/18/88 and the mechanism of injury was low back injury while working as a cashier. At the time of request for urine drug screen and omeprazole, there are subjective complaints of worsening low back and right lower extremity pain. The objective findings include tenderness of the spinous process at L4; the transverse process at L4 of L-spine bilaterally; great toe extension extensor hallucis longus 4/5; diminished ankle reflex on right and hyperactive on left; absent knee reflex on right and diminished on left; decreased sensation on the lateral leg and dorsum of the foot (L5); and positive seated SLR), findings, imaging/other. Diagnostics include a Cervical spine MRI dated 3/4/14 which revealed multilevel mid to lower cervical DDD changes; 4 mm degenerative retrolisthesis C5, C5-6 moderate focal central canal stenosis with anterior cord encroachment; and mild to moderate diffuse disc protrusion approximately 2 mm and moderately severe bilateral neuroforaminal stenosis. Lumbar spine MRI dated 10/18/13 revealed moderate stenosis L2-3, spondylolisthesis L3-4, and L4-5 with severe stenosis. Past surgery included lumbar spine fusion in 1991 and multilevel laminectomies in 2008. The current medications are Celebrex, cevimeline, Evista, hydrocodone-acetaminophen, Lovaza, mupirocin, Nasonex, Omeprazole, Pennsaid, Synthroid, tramadol, trazodone, tretinoin microsphere topical gel, Vagifem, valsartan-hydrochlorothiazide, Voltaren gel and zolpidem ER. The diagnoses are displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, and low back pain. The treatment to date includes trigger point injections, ESI, PT and pain medications with benefit. A signed pain management agreement was noted as well as no evidence of impairment, abuse, diversion or hoarding. The urine drug screening (UDS) was positive for hydrocodone and hydromorphone on 9/30/13, 11/01/13, 11/25/13, and 3/24/14. UDS positive for hydrocodone and hydromorphone

and abnormal pH screen dated 12/24/13, 1/24/14, 2/24/14, and 5/15/14. She was on omeprazole since at least 9/26/13. The request for urine drug screen: date of service 7/10/14 and omeprazole 20 mg #30 (canceled) was denied on 09/17/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine drug screen: date of service 7/10/14:** 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) for Pain, Drug Testing (UDT)

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

**Decision rationale:** As per CA MTUS guidelines and Official Disability Guidelines (ODG), urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, UDS frequency monthly is not required as there is no documentation supporting high risk substance abuse. Therefore, the request for urine drug screen date of service 7/10/14 is not medically necessary.

**Omeprazole 20mg #30:** 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 PPI Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Proton Pump Inhibitors(PPIs)

**Decision rationale:** According to the CA MTUS, Omeprazole, a proton-pump inhibitor (PPI), is recommended for patients at intermediate risk for gastrointestinal (GI) events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, there is no documentation of adverse effects of medications i.e. gastrointestinal symptoms; therefore, the request for omeprazole 20mg #30 is not medically necessary.

