

Case Number:	CM14-0178080		
Date Assigned:	10/31/2014	Date of Injury:	07/03/2013
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational 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:

Patient is a 25-year-old female who has submitted a claim for rule out lumbosacral disk herniation, lumbar radiculopathy, and lumbar discogenic pain associated with an industrial injury date of 7/3/2013. The only progress report available for review was from 10/13/2014. The patient complained of constant low back pain, rated 7 to 10/10 in severity radiating to bilateral lower extremities. Pain was associated with numbness and tingling sensation. Physical examination of the lumbar spine showed tenderness and limited motion. Treatment to date has included physical therapy, chiropractic care, aquatic therapy, lumbar epidural steroid injection, home exercise program, and Norco. Utilization review from 10/21/2014 denied the request for urine toxicology screening because there was no provided rationale for ongoing screening especially when documentation did not indicate discussion concerning previous drug screening inconsistencies; and denied Prilosec 20 mg, #90 because there was no documentation of past health history or current subjective complaints to warrant such treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes Norco. However, only limited information is available for review. The initial prescription date for Norco is unknown. Moreover, it is unclear if previous urine drug screens have been accomplished in the past. Lastly, there is no information concerning possible aberrant drug behavior. The medical necessity cannot be established due to insufficient information. Therefore, the request for urine toxicology screening is not medically necessary.

Prilosec 20mg #90: 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 9792.24.2., NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, current medication regimen includes Norco. There is no prior intake of PPI based on the records submitted. However, patient is a 25-year-old female without a subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Prilosec 20mg, #90 is not medically necessary.