

Case Number:	CM14-0028538		
Date Assigned:	06/16/2014	Date of Injury:	02/28/2003
Decision Date:	07/23/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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:

The injured worker is a female with date of injury 2/19/2014. Per orthopedic surgeon progress report dated 12/16/2013, a drug compliance and diversion screen was conducted to help assess patient compliance and to identify signs of the possibility of drug diversion and drug-drug interactions. There were no medications prescribed, and therefore no prescribed medications were reported as "Not Detected" in the urine drug screen. The medications that were detected but not reported as prescribed included Cotinine and nicotine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN 800 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS and Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, page(s) 67-71 Page(s): 67-71.

Decision rationale: There are no clinical notes provided for review that are relevant to this medication request. Per the UR decision to not approve the request for Motrin 800 mg, it is not known how long the patient has been taking this medication. The use of Motrin was mentioned in a report of 10/8/2013, and is therefore the use is considered chronic. There is no

documentation that this NSAID has resulted in any objective functional benefit. The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The request for Motrin 800 mg #90 is determined to not be medically necessary.

PRILOSEC 20MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS and Medical Foods.

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

Decision rationale: There are no clinical notes provided for review that are relevant to this medication request. Per the UR decision to not approve the request for Prilosec 20 mg, there is no mention of any active upper gastrointestinal complaints. Proton pump inhibitors, such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Motrin has also been determined to not be medically necessary and there is no indication that other NSAIDs are in use. The request for Prilosec 20 mg #90 is determined to not be medically necessary.

RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page(s) 43, and Opioids Criteria for Use, page(s) 112 Page(s): 43, 112.

Decision rationale: Urine drug screen results have been provided for review, and the requesting provider reports that counseling and considerations for treatment are utilized with the urine drug screen. The most recent report provided does not indicate that any medications are prescribed, and the only compounds detected are related to tobacco use. The report dated 11/20/2013 reports that hydrocodone is prescribed but not detected. The clinical reports do not provide any evidence that these results have been used as the requesting physician reports. The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The clinical reports provided for review do not provide discussion of this injured worker's treatment and how the urine drug screen has been utilized. The retrospective request for urine drug screen is determined to be not medically necessary.