

<b>Case Number:</b>	CM14-0029980		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/01/1989
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Texas and New York. 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 67 year old female who reported an injury on 04/01/1989 due to an unknown mechanism. The injured worker had complaints of total body pain, chronic fatigue, problems sleeping, and back pain. The physical examination on 03/06/2014 revealed no new joint swelling, normal neurologic examination and rheumatoid arthritis deformities everywhere. Diagnostic studies were not submitted with the report. The current diagnoses were rheumatoid arthritis, long term use medications, myalgia and myositis. The treatment plan was to prescribe a compounded cream and continue with orenicia, arava, Procardia, Prilosec, Lyrica and Voltaren gel. The request submitted was for urine toxicology and Prilosec. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Tox:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, Rheumatology + General Internal Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The request for urine toxicology is non-certified. The injured worker has been on many medications in the past. Appropriate medication usage is important to monitor the injured workers functioning assessment, pain relief and response to treatment. The California Medical Treatment Utilization Schedule states the four domains have been proposed for ongoing monitoring of chronic pain patients on opioids, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any aberrant drug related behaviors. Also recommends the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, but it can give a continuing review of the overall situation with regard to nonopioid means of pain control. The injured worker is on nonopioid medications. In addition, the request does not include the frequency of tests. Therefore, the request is non-certified.

**Prilosec (unspecified dosage and quantity):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, Rheumatology + General Internal Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** The request for prilosec was non-certified. The document submitted does not report the injured worker as having a diagnoses for taking or that she is currently on an NSAID. California Medical Treatment Utilization Schedule recommends proton pump inhibitors for patients at risk for gastrointestinal events, such as over 65 years of age, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, cortocosteroids, and/or anticoagulant, high dose multiple dose NSAID. Also long term proton pump inhibitor use has been shown to increase hip fractures. The request submitted does not have the dosage or the quantity. Therefore, the request is non-certified.