

Case Number:	CM14-0070661		
Date Assigned:	07/30/2014	Date of Injury:	01/09/2009
Decision Date:	11/05/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/15/2014

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 Iowa. 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 51 year-old male with a date of injury of 01/09/2009. A review of the medical documentation indicates that the patient is undergoing treatment for chronic pain in the right upper extremity. Subjective complaints (4/1/2014) include pain of 6-7/10 in the R shoulder, arm, wrist; numbness and tingling in the shoulder and fingers; spasms reaching to the biceps and forearm; and difficulty reaching for and gripping objects. Objective findings (4/1/2014) include positive Neer's, Apley's, and Hawkins test; weak abduction and intentional tremor; and reduced range of motion in the shoulder and elbow. Diagnoses include C5-6 degenerative disc disease, C6 radiculopathy, R upper extremity paresthesia and impingement syndrome, R infraspinatus tendinitis, and R carpal tunnel syndrome. The patient has undergone studies including X-ray (3/2014), nerve conduction velocity/EMG (4/2013), and MRI (01/2013), although documentation only contained diagnoses of these and not results. A utilization review dated 04/21/2014 did not certify the request for toxicology screen and Famotidine 20 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Tox Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines _TWC Pain Procedure Summary (last updated 04/10/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS AND SUBSTANCE ABUSE Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation ODG Guidelines: Use of Urine Drug Testing University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance

Decision rationale: According to MTUS guidelines, urine drug screening should be considered before a therapeutic trial of opioids is initiated to assess the use of illegal drugs. Additional indications for screening include screening for inpatient treatment with issues of abuse, addiction, or poor pain control and documentation of misuse of medications such as doctor shopping, uncontrolled drug escalation, and drug diversion. ODG guidelines recommend drug screening prior to initiation of opioid use, with frequency based on documented evidence of risk stratification. Recommended frequency for low risk patients is at initiation and yearly after, moderate risk is 2-3 times per year, and high risk is once per month. Michigan pain guidelines also recommend testing twice per year. There is no documentation to suggest abuse or addiction, and there is no record of the patient taking opioids currently or concern for abuse of medication or use of illegal drugs. Therefore, the request for Toxicology Screen is not medically necessary.

Famotidine, 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk UpToDate: Secondary Prevention of Gastroduodenal Toxicity

Decision rationale: Famotidine is classified as a histamine-2 blocker. According to MTUS guidelines, this type of medication is recommended in patients at intermediate or high risk for gastrointestinal events and who have no cardiovascular disease. The guidelines provide criteria for risk stratification for gastrointestinal events, including evaluation of age, history of ulcer or GI bleeding, concurrent use of medications, and/or use of high dose or multiple NSAID. This is meant to serve as protection from GI issues with concurrent NSAID use. The medical documentation does state that the patient has prior history of GERD symptoms, although details of this condition are not included. Records indicate the patient is currently on NSAID therapy and has been for at least several months. However, ODG guidelines and UpToDate indicate that proton pump inhibitors (PPI) are considered first-line therapy for this indication, and that H-2 blockers are generally reserved for second-line therapy when PPIs have failed. The treating physician does not provide evidence in the medical record that PPI therapy has been previously tried and failed. Therefore, the request for Famotidine 20 mg #30 is not medically necessary.