

<b>Case Number:</b>	CM14-0074676		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 claimant was injured on 03/24/08. Drug screening and Prilosec are under review. He has a diagnosis of adhesive capsulitis of the shoulder. On 04/11/14, she is seen for neck pain and was taking Percocet, cyclobenzaprine, and Prilosec. She was prescribed Prilosec, cyclobenzaprine, and tramadol. None of the notes mention any gastrointestinal complaints or history. She was previously on Percocet. On 05/09/14, she was to use the medications prescribed including Percocet and Prilosec and cyclobenzaprine. Past medical history is significant for blood pressure and thyroid disease. This was mentioned on several notes. She was prescribed Prilosec, cyclobenzaprine, and Norco. Tramadol was stopped. She saw [REDACTED] on 06/11/14. She was still on pain medications. She had ongoing mild pain. Pain radiation was not reported. Current medications included Prilosec and medications for other medical conditions. She had a normal mood and affect. Otherwise she was not examined. Imaging studies were reviewed. The diagnosis was adhesive capsulitis status post arthroscopic capsular release of the left shoulder. She had impingement and was status post arthroscopic acromioplasty and Mumford procedure. She also had a cervical sprain. A urine drug screen was ordered. She was no longer taking medication for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Drug Screening Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

**Decision rationale:** The history and documentation do not objectively support the request for a urine drug screen. The MTUS state "drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The claimant was prescribed several medications over time that may be monitored for compliance via drug screening. However, the most recent notes indicate that she was not taking any medications for pain. Also, there is no evidence that the claimant was suspected of possible illegal drug or medication use either based on her behavior or due to abnormalities on physical examination. The specific indication for a urine drug test is not stated in the records. Therefore, the medical necessity of this request has not been clearly demonstrated.

**Prilosec 20mg (1) cap PO QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec Page(s): 68. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) , Pain (Chronic) (updated 03/27/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for Prilosec. The MTUS state re: PPIs, "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. There is no evidence of chronic use of anti-inflammatory medications or symptoms involving the stomach or gastrointestinal system. The medical necessity of this request has not been clearly demonstrated.