MAXIMUS Federal Services

Case Number:	CM14-0079199		
Date Assigned:	07/18/2014	Date of Injury:	12/13/2005
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 Illinois. 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 50-year-old male who reported an injury on 12/13/2004, due to traveling in a car with his coworkers, when a vehicle fell on top of the van that they were in and he was thrown violently about. The injured worker had a history of right forearm, lower back, right hip, right knee pain. The diagnoses included lumbar spine musculoligamentous strain, right lower extremity radiculitis, sacroiliac joint strain secondary to chronic limp/altered gait. The prior surgical procedures included a right hip open reduction and internal fixation dated 12/2005, status post right knee arthroscopic surgery with partial mediolateral meniscectomy, synovectomy and a chondroplasty. The prior diagnostics included an electromyogram. The past treatments included a Hyalgan injection, medication, physical therapy, and knee brace. The physical findings dated 04/17/2014, of the right knee revealed postoperative changes that included tenderness to palpation of the medial and lateral joint line, and patellofemoral region, patellofemoral crepitus was present. The range of motion to the right knee was measured as follows: flexion with 125 degrees and extension 0 degrees. Motor testing revealed a 4/5 weakness. The examination of the right hip revealed atrophy to of the thigh and calf. Tenderness to palpation present over the anterior hip with slight to moderate muscle guarding to the posterior thigh. The range of motion of the left hip was measured as follows: flexion was 90 degrees, extension 20 degrees, adduction at 30 degrees, and abduction 15 degrees. The medications included Flexeril 10 mg, Prilosec 20 mg, and Motrin 800 mg. The reported pain was 3 to 4 with medication, 7 to 8 without medication, and duration of 6 to 8 hours. The treatment plan included participation in a home exercise program, medications, knee brace, neurological consult, ultrasound, physical therapy. The Request for Authorization dated 07/18/2014, was submitted with documentation. The rationale for the Prilosec and urine drug screen was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: The California MTUS indicate 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 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The clinical notes were not evident the injured worker had a history of an ulcer, or perforation. The request did not address the frequency. As such, the request is not medically necessary and appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for use; Substance abuse (tolerance, dependence,addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. The California MTUS Guidelines recommend as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The clinical notes did not indicate illegal drug use. As such, the request is not medically necessary and appropriate.