

<b>Case Number:</b>	CM14-0085877		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Nevada. 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 49 year-old male who was reportedly injured on 1/14/2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 5/2/2014 indicates that there are ongoing complaints of chronic neck, bilateral shoulder, and thoracic spine pain. The physical examination demonstrated cervical spine: positive tenderness to palpation over the paravertebral musculature of the cervical spine with spasm noted. There was limited range of motion with pain and spasm. Bilateral shoulders: limited range of motion with pain. A decreased sensation at the C6-7 and 8 dermatomes on the right and positive Phalen's on the right, positive Tinel's on the right. Diagnostic imaging studies include a magnetic resonance image of the cervical spine dated 12/13/2013 which reveals cervical straightening which may alter spinal biomechanics. Disc osteophyte at C5-6 causes a moderate narrowing of the central canal diminishing CSF (cerebral spinal fluid) buffer about the cord. Central canal is also developmentally small. Degenerative joint disease at C5-6 and C6-7 associated with high-grade neural foraminal stenosis. Previous treatment includes medication and conservative treatment. A request was made for urine drug screen, Ambien 10mg, Prilosec 20mg, and was not certified in the pre-authorization process on 5/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINARY DRUG SCREEN FOR NEXT VISIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications and recent urine drug screen on 4/4/2014, the request is considered not medically necessary.

**AMBIEN 10MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Ambien (updated 07/10/14).

**Decision rationale:** Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.

**PRILOSEC 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. A review of the available medical records fails to document any signs or symptoms of gastrointestinal distress which would require PPI treatment. As such, this request is not considered medically necessary.