MAXIMUS Federal Services

Case Number:	CM14-0088936		
Date Assigned:	07/23/2014	Date of Injury:	08/05/1998
Decision Date:	09/08/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 & Rehabilitation, 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 injured worker is a 50 year old female injured on 08/05/98 due to an undisclosed mechanism of injury resulting in neck and back pain while performing her usual and customary duties as a data entry operator. The injured worker has been treated with acupuncture, chiropractic treatment, medication management, and activity modification. Diagnoses include right knee derangement, depression, abdominal pain, constipation, melena, dysphasia, blurred vision, chest pain, and shortness of breath. The clinical note dated 05/06/14 indicated the injured worker presented for medication refill. There was no specific indication of complaints or areas of discomfort. Physical examination revealed lungs clear to auscultation, no rales or wheezes appreciated, regular rate and rhythm with no rubs or gallops appreciated, abdomen soft with normal active bowel sounds, no clubbing/cyanosis/edema to the extremities with additional examination deferred to appropriate specialist. The documentation indicates previous laboratory studies revealed positive Helicobacter pylori (Hpylori) antibody test, inconsistent urine toxicology screen on 02/17/14 with Hydromorphone and Tetrahydrocannabinol (THC) detected, and 2D echo dated 02/27/14 revealed mild mitral valve calcification. The initial request for Nexium 40 milligrams quantity 45, Probiotics quantity 90 and urine toxicology screen were initially noncertified on 05/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #45: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines (ODG) proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of nonsteroidal antiinflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age greater than sixty five years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and or an anticoagulant; or high dose and or multiple NSAID (e.g., NSAID plus lowdose ASA). Documentation indicates the injured worker has a history of gastrointestinal issues in addition to positive Helicobacter pylori (H. Pylori) antibody indicating the potential for gastric irritation and need for protection. As such, the request for Nexium 40 milligrams quantity 45 is medically necessary.

Probiotics #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health (National Center for Complementtary and Alternative Medicine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medications, Complementary, Alternative Treatments or Dietary Supplements.

Decision rationale: Current guidelines indicate complementary and alternative treatments, or dietary supplements, etc., are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. As such, the request for probiotics quantity 90 is not medically necessary.

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter noted. Decision based on Non-MTUS Citation Official disability Guidelines, no chapter noted.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical

information when decisions are to be made to continue, adjust or discontinue treatment. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior are recommended for point of contact screening two to three times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. As such, the request for urine toxicology screen is medically necessary as the injured worker has exhibited high risk behavior.