MAXIMUS Federal Services

Case Number:	CM14-0124733		
Date Assigned:	08/08/2014	Date of Injury:	05/14/2012
Decision Date:	07/10/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 31 year old female who sustained an industrial injury on 05/14/12. Initial complaints and diagnoses are not available. Treatments to date include medications and shockwave treatments. Diagnostic studies are not addressed. Current complaints include low back, knee, neck and shoulder pain. Current diagnoses include right medial femoral bone lesion, cervicalgia, cervical and lumbar degenerative disc disease, left knee patellofemoral syndrome, right knee degenerative joint disease, left knee internal derangement, right shoulder adhesive capsulitis, and right lumbar radiculopathy. In a progress note dated 02/6/14 the treating provider reports the plan of care as an updated MRI of the lumbar spine and left knee, home physical therapy kit, a B12 injection as well as an influenza vaccination, follow-ups for evaluation of right knee cyst/lesion, and radiculopathy; a urine drug screen, and unspecified medications. The requested treatment is a urine drug screen performed on 03/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 03/17/14 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Drug screen.

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

Decision rationale: The requested (Retro) DOS 03/17/14 Urine Drug Screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has low back, knee, neck and shoulder pain. Current diagnoses include right medial femoral bone lesion, cervicalgia, cervical and lumbar degenerative disc disease, left knee patellofemoral syndrome, right knee degenerative joint disease, left knee internal derangement, right shoulder adhesive capsulitis, and right lumbar radiculopathy. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, (Retro) DOS 03/17/14 Urine Drug Screen is not medically necessary.

Ativan 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Ativan 1mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has low back, knee, neck and shoulder pain. Current diagnoses include right medial femoral bone lesion, cervicalgia, cervical and lumbar degenerative disc disease, left knee patellofemoral syndrome, right knee degenerative joint disease, left knee internal derangement, right shoulder adhesive capsulitis, and right lumbar radiculopathy. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Ativan 1mg #30 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs- GI symptoms and Cardiovascular risk.

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

Decision rationale: The requested Omeprazole 20mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distresssymptoms and/or the above-referenced GI risk factors."The injured worker has low back, knee, neck and shoulder pain. Current diagnoses include right medial femoral bone lesion, cervicalgia, cervical and lumbar degenerative disc disease, left knee patellofemoral syndrome, right knee degenerative joint disease, left knee internal derangement, right shoulder adhesive capsulitis, and right lumbar radiculopathy. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg #60 is not medically necessary.