MAXIMUS Federal Services

Case Number:	CM14-0192679		
Date Assigned:	11/26/2014	Date of Injury:	05/19/2004
Decision Date:	01/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 64 year old male with a work injury dated 5/19/04. The diagnoses include Lumbar spondylosis; deep vein thrombosis, left lower extremity, single episode; lumbar radiculopathy; lumbar spinal stenosis; lumbar herniated nucleus pulposus without myelopathy. Under consideration are requests for Omeprazole 20mg #60 and urine drug screen. There is a progress note dated 10/22/14 that states that the patient has complaints of low back pain with left lower extremity weakness and paresthesias. The pain is sharp, shooting, stabbing, and throbbing and described as moderate to severe with profound limitations. There is radiation of pain into the left lower extremity. The pain is relieved by rest and medications. The current medications include Omeprazole, Flomax, Glucophage, aspirin, Ultracet, Soma, Nifedipine, Lisinopril, and Lovastatin. On physical exam of the lumbar spine there is atrophy on the left quadriceps and decreased sensation on the left suggesting an S pattern; lateral leg. The treatment plan was to continue use of medications to include Soma 350mg #60 one tablet orally twice per day, Prilosec delayed release 20mg #60 one capsule orally twice per day, and Ultracet 325-37.5mg # 60 one tablet orally twice per day, lumbosacral support, MRI of the lumbarspine, and a urine drug screen test. There are no objective prior urine drug tests for review although the documentation indicates that they were ordered on office visits 7/23/14 and 4/21/14. Prior utilization review urinalysis dated 04/21/14 revealed that the prescribed medication was not detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Omeprazole 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia.The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the retrospective request for Omeprazole 20 mg # 60 is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen to assess for the use or the presence of illegal drugs, Opioids, drug screens,.

Decision rationale: Urine Drug Screen is not medically necessary per the MTUS Guidelines. The medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. The urine drug screen performed in April 2014 revealed an absence of prescribed medications per the documentation submitted. There was no evidence that the treating physician addressed these results. The treating physician continued to prescribe opioids and order more urine drug screens. The MTUS recommends random drug testing, not at office visits or regular intervals. Given the failed test which were not addressed, the fact that drug test results are not used to alter the treatment plan, and that testing is not performed according to the guideline recommendations, any additional urine drug screens are not medically necessary.