

Case Number:	CM14-0194335		
Date Assigned:	11/25/2014	Date of Injury:	06/18/1988
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family Medicine 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:

This 69 year old female sustained injury on 6/18/88. The mechanism of injury is not clear. She has a history of rheumatoid arthritis. On 5/13/14 she complains of worsening low back and right lower extremity pain. She had trigger point injection done 4/14 resulting in alleviation of right lumbar trigger point pain. Her pain medications include hydrocodone/acetaminophen, Lovaza, mupirocin 2%, omeprazole, Celebrex, cimetidine, Tramadol, trazadone, zolpidem, valsartan and topical ointments which are beneficial in reducing pain level from 7/10 to 2-3/10. Medications have afforded functional gains with activities of daily living, mobility and restorative sleep. Inspection of lumbar spine is unremarkable and motor strength is normal. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, low back pain and spondylothesis. Her symptoms remained unchanged and on 10/8/14 she had epidural steroid injections (ESI) to left L4-5 and left L5-S1 transforaminal region. PR-2, dated 10/27/14, indicates worsening low back and right lower extremity pain and left calf pain. The documentation from 8/1/14 indicate that she has had left leg Doppler that was negative for deep vein thrombosis. The ESI of 10/8/14 reduced her right lower extremity radicular pain by 50%. Her pain medication has been reduced. She is off work (retired). On 10/29/14 Utilization Review non-certified urine drug screen with date of service 10/27/14 based on MTUS and ODG supporting this test once per year for patients undergoing chronic opioid therapy. The injured worker had a urine drug screen on 9/29/14 to determine current level of prescription medication and results were consistent with current treatment. There is no documentation to support a repeat urine drug screen. In addition the request for omeprazole 20 mg #30 was non-certified based on MTUS Chronic Pain Guidelines. There was no documentation of gastrointestinal (GI) symptoms or risk factors for GI bleed. She is not on high dose non-steroidal anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen DOS: 10/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter Urine drug testing (UDT)

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

Decision rationale: Based on guidelines, drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records, there is no documentation as to why urine drug screen is needed and thus, the request is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular effects Page(s): 68.

Decision rationale: Based on guidelines, for patients with intermediate risk for GI events a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) is recommended. Based on the medical records, there is no documentation that the patient is at increased risk of GI events and thus, the request is not medically necessary.