

Case Number:	CM14-0208660		
Date Assigned:	12/22/2014	Date of Injury:	02/19/2004
Decision Date:	03/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male, who sustained an industrial injury on 02/19/2004. He complained of low back pain radiating to the lower extremities. He was diagnosed with lumbar strain/sprain with disc bulging, cervical strain/sprain, status post bilateral carpal tunnel release, chronic strain/sprain of the bilateral shoulders and chronic impingement syndrome with rotator cuff tears. Treatment to date has included oral and topical pain medication and surgery. In a progress note dated 09/24/2014, the injured worker was noted to complain of low back pain with numbness of the left leg. The pain was rated as a 5/10. The injured worker also complained of 3/10 left shoulder pain. Physical examination noted for 2+ tenderness to the lumbar spine with decreased range of motion with flexion, extension and lateral bending. On 11/13/2014, Utilization Review non-certified a request for a urine drug screen noting that there was no evidence of red flags to suggest repeat testing and non-certified a request for Prilosec, noting that the injured worker didn't have evidence of risk factors for increased risk of gastrointestinal event. Utilization Review also modified a request for Norco from Norco 10/325 mg #100 with 3 refills to Norco 10/325 mg #100, noting that since there was no evidence of functional improvement with the medication, it should be weaned. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 02/19/2004. The medical records provided indicate the diagnosis of lumbar strain/sprain with disc bulging, cervical strain/sprain, status post bilateral carpal tunnel release, chronic strain/sprain of the bilateral shoulders and chronic impingement syndrome with rotator cuff tears. Treatment to date has included oral and topical pain medication and surgery. The medical records provided for review do indicate a medical necessity for Urine Drug Screen. The records indicate the injured worker is at low risk for opioid abuse; he had a normal test in 03/2013. The Official Disability Guidelines recommends that individuals at low risk for opioid abuse be tested six months after initiation of opioids, followed by yearly tests. Therefore, until the injured worker is weaned of opioids it is medically necessary to test for urine drug screen.

Norco 10/325 MG #100 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-81.

Decision rationale: The injured worker sustained a work related injury on 02/19/2004. The medical records provided indicate the diagnosis of lumbar strain/sprain with disc bulging, cervical strain/sprain, status post bilateral carpal tunnel release, chronic strain/sprain of the bilateral shoulders and chronic impingement syndrome with rotator cuff tears. Treatment to date has included oral and topical pain medication and surgery. The medical records provided for review do not indicate a medical necessity for Norco 10/325 MG #100 with 3 Refills. The MTUS recommends discontinuation of opioids if there is no overall improvement in function, unless there are extenuating circumstances, or if there is decrease in functioning. The records indicate the injured worker has been on this medication for a very long time, he not been working, there is not much improvement in the pain. The MTUS recommends the use of Opioids for short term treatment of chronic pain since the research on the use of opioids for treatment of chronic pain has been limited to 70 days.

Prilosec 20 MG #30 with 3 Refills: 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 & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 02/19/2004. The medical records provided indicate the diagnosis of lumbar strain/sprain with disc bulging, cervical strain/sprain, status post bilateral carpal tunnel release, chronic strain/sprain of the bilateral shoulders and chronic impingement syndrome with rotator cuff tears. Treatment to date has included oral and topical pain medication and surgery. The medical records provided for review do not indicate a medical necessity for: Prilosec 20 MG #30 with 3 Refills. The record reviewed do not indicate this injured worker is at high risk for gastrointestinal events. The MTUS criteria for the use of proton pump inhibitors in those on NSAIDs are: 1) Greater than 65 years of age; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The records reviewed do not indicate the injured worker belongs to any of these groups.