

Case Number:	CM15-0139084		
Date Assigned:	07/29/2015	Date of Injury:	11/18/2014
Decision Date:	09/23/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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, Florida, California

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 53 year old female, who sustained an industrial injury on November 18, 2014. The injuries occurred while the injured worker was performing her usual and customary duties as a laborer. The injured worker has been treated for back, neck, left shoulder, left arm and left hand complaints. The diagnoses have included unspecified derangement of the joint, cervical spine sprain-strain and rule out cervical disc protrusion. Treatment and evaluation to date has included medications, radiological studies, MRI, physical therapy and left shoulder surgery on November 18, 2014. The injured worker was working with modified duties. Current documentation dated June 19, 2015 notes that the injured worker reported neck and left shoulder pain with weakness. Examination of the cervical spine revealed a full and painful range of motion. A Spurling's test was negative. Examination of the left shoulder revealed a decreased range of motion with smooth circumduction. A Jobe's test was positive. There was no evidence of shoulder instability. The documentation dated June 19, 2015 notes that the injured worker was not taking any medications. Documentation dated May 11, 2015 notes that the injured workers medications included Ibuprofen. The treating physician's plan of care included requests for a urine drug screen (left shoulder, left arm and neck) for medication management and the medication Omeprazole 20 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing, (Effective July 18, 2009) Page(s): 43.

Decision rationale: This claimant was injured in 2014. There were back, neck, left shoulder, left arm and left hand complaints, and cervical sprain-strain injury. Medicines include Ibuprofen. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria. The request is not medically necessary.

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Gastrointestinal risk Page(s): 68.

Decision rationale: This claimant was injured in 2014. There were back, neck, left shoulder, left arm and left hand complaints, and cervical sprain-strain injury. Medicines include Ibuprofen. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review. The request is not medically necessary.