Case Number:	CM15-0160147		
Date Assigned:	08/26/2015	Date of Injury:	06/18/2012
Decision Date:	09/29/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 51-year-old female, who sustained an industrial injury on June 18, 2012. Treatment to date has included diagnostic imaging and testing, pain medications, home exercise program and NSAIDS. Currently, the injured worker complains of continued pain. She reports that her pain has slightly improved due to therapy and she does have occasional difficulty driving due to neck pain and stiffness. She rates her pain a 7 on a 10-point scale with medications and a 10 on a 10-point scale without medications. She notes that her medications are helping with her pain. On physical examination, the injured worker has a positive Spurling's test and has decreased sensation to light touch in her bilateral hands. She has weakness in the right biceps and triceps and tenderness to palpation over the cervical paraspinal muscles, the upper trapezius muscle and the scapular border. An EMG revealed right C7-C8 cervical radiculopathy and an MRI of the cervical spine revealed disc bulges at C4-C5, C5-C6 and C6-C7 and mild foraminal narrowing at C5-C6 and C6-C7 levels bilaterally. The diagnoses associated with the request include cervicalgia, cervical radiculopathy, shoulder pain, impingement, and history of bilateral carpal tunnel release. The treatment plan includes continued omeprazole, gabapentin, and ibuprofen, urine drug screen, repeat cervical epidural steroid injection and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervicalgia; cervical radiculopathy; depression; shoulder pain with impingement; and history of bilateral carpal tunnel releases. Date of injury is June 18, 2012. Request for authorization is July 20, 2015. According to a January 14, 2015 progress note, current medications included omeprazole, gabapentin and ibuprofen. There were no controlled substances prescribed and there were no opiates prescribed. The documentation indicates a urine drug screen was ordered January 2015, February, March, April, May, June and July 1, 2015. The treating provider indicated urine drug screens were ordered to determine levels of prescription medications and any nonprescription medications. As noted above, there were no prescriptions for controlled substances prescribed. There was no documentation of aberrant drug-related behavior, drug misuse or abuse. According to the July 1, 2015 progress note, the injured worker had ongoing neck and back pain with the pain score of 7/10. There were no gastrointestinal comorbid conditions or risk factors for gastrointestinal events. Omeprazole was prescribed to protect the injured worker from G.I. bleeding and gastritis prophylactically. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication rationale for a proton pump inhibitor and no comorbid conditions are risk factors for gastrointestinal events, Omeprazole 20 mg #30 is not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances.

This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are cervicalgia; cervical radiculopathy; depression; shoulder pain with impingement; and history of bilateral carpal tunnel releases. Date of injury is June 18, 2012. Request for authorization is July 20, 2015. According to a January 14, 2015 progress note, current medications included omeprazole, gabapentin and ibuprofen. There were no controlled substances prescribed and there were no opiates prescribed. The documentation indicates a urine drug screen was ordered January 2015, February, March, April, May, June and July 1, 2015. The treating provider indicated urine drug screens were ordered to determine levels of prescription medications and any nonprescription medications. As noted above, there were no prescriptions for controlled substances prescribed. There was no documentation of aberrant drug-related behavior, drug misuse or abuse. According to the July 1, 2015 progress note, the injured worker had ongoing neck and back pain with the pain score of 7/10. There is no clinical indication or rationale for monthly urine drug toxicology screens. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for monthly urine drug toxicology screens and no documentation of aberrant drug-related behavior, drug misuse or abuse, urine drug testing is not medically necessary.