

Case Number:	CM15-0188194		
Date Assigned:	09/30/2015	Date of Injury:	09/12/2011
Decision Date:	11/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47 year old female injured worker suffered an industrial injury on 9-12-2015. The diagnoses included cervical disc disorder, cervical spinal stenosis and cervical radiculopathy. On 7-27-2015 the provider reported the injured worker had been taking over the counter Motrin and Aleve without evidence of any GI symptoms. The provider prescribed Naproxen at that visit. The provider noted the urine drug screen was ordered to determine levels of prescriptions and the presence of any non-prescription drugs. On 8-24-2015 the treating provider reported her pain was about the same rated 7 out of 10 without medication and 5 out of 10 with medications. On exam the Facet loading test and Spurling's test was positive. She had weakness in the right upper extremity. The Cross arm test, Hawkin's and Neer's test were positive. The provider prescribed Omeprazole at this visit without evidence of any GI symptoms noted. The injured worker was continuing Chiropractic therapy and home exercise program. He noted the indication for the nerve blocks were requested due to subjective and objective evidence for disc herniation and to assist in avoiding cervical surgery and to give the injured worker some relief. Diagnostics included 7-27-2015 urine drug screen. Request for Authorization date was 8-24-2015. The Utilization Review on 9-24-2015 determined non-certification for Bilateral Cervical Facet Medial Branch blocks at C4, C5 and C6, Omeprazole 20mg quantity 30 and Random Urine Drug Testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cervical Facet Medial Branch blocks at C4, C5 and C6: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pg 26.

Decision rationale: According to the guidelines, facet blocks are indicated in those who do not have radiculopathy but have facet pain and have failed other conservative measures. In this case, the claimant had persistent pain and did not benefit from therapy or medications. The claimant wished to avoid surgery. The request for medial branch block of C4-C6 is medically necessary.

Omeprazole 20mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

Random Urine Drug Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The claimant was not using opioids. Based on the above references and clinical history a urine toxicology screen is not medically necessary.