

<b>Case Number:</b>	CM15-0195163		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/06/1985
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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

Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on 8-6-1985. The injured worker was being treated for primary localized osteoarthritis of ankle and foot, subtalar fusion times 2, and unspecified neuritis and radiculitis. Medical records (5-21-2015 to 8-20-2015) indicate ongoing left foot pain. The injured worker reported shooting pains in the heel and arch of the foot. The medical records show the subjective pain rating shows insignificant improvement from 6 out of 10 at least and 10 out of 10 at worst on 5-21-2015 to 5 out of 10 at least and 10 out of 10 at worst on 8-20-2015. The treating physician noted that the injured worker takes Prilosec, which manages the gastrointestinal irritation he experiences due to the acetaminophen in Norco. The treating physician noted that a signed pain agreement is kept on file, he was compliant with his prescribed medications, and "there is no evidence of impairment, abuse, diversion, or hoarding." Per the treating physician (8-20-2015 report), a Controlled Substance Utilization Review and Evaluation System (CURES) report indicated no signs of doctor shopping were noted. The physical exam (5-21-2015 to 8-20-2015) revealed atrophy of the left leg from the knee to the ankle, left heel and left lateral side of the foot hypersensitivity, decreased sensation, decreased range of motion of all planes, and a non-antalgic gait. Per the treating physician (7-16-2015 report), a urine drug screen was reviewed, which was consistent with prescribed medications. Treatment has included orthopedic shoes and medications including oral pain (Norco since at least 3-2015), topical pain, antidepressant, anti-epilepsy, and proton pump inhibitor (Prilosec since at least 3-2015). Per the treating physician (5-21-2015 report), the injured worker is able to work 40 hours per week with use of his medications. The requested

treatments included Prilosec 20mg DR and a standard urine panel. On 9-9-2015, the original utilization review non-certified retrospective requests for Prilosec 20mg DR and a standard urine panel.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request for Prilosec 20mg DR: Upheld**

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

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

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not on NSAIDs. Patient has some Tylenol in his Norco which the provider claims causes "dyspepsia." Acetaminophen is not associated with dyspepsia. If patient has side effects from Norco, provider should change the medication or discontinue it. Documentation fails to support request for Prilosec. The request is not medically necessary.

#### **Standard urine panel: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, urine drug screening is an option for patients on opioids to screen for compliance and signs of aberrant behavior. Provider has not provided any UDS results. A progress note from 7/2014 states that a UDS was done and was appropriate. Documentation classifies patient as low risk for abuse. It is unclear why another UDS was needed so close to a reportedly normal result in a low risk patient. The request is not medically necessary.