

<b>Case Number:</b>	CM15-0197317		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/23/2001
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 72 year old male, who sustained an industrial injury on 5-23-01. Medical records indicate that the injured worker is undergoing treatment for lumbar spine pain, lumbar radiculopathy and left elbow arthralgia. The injured worker was noted to be retired. On (8-24-15) the injured worker complained of constant low back pain with radiation to the lower extremities. Associated symptoms included weakness, numbness and tingling. The pain was rated 8 out of 10 on the visual analogue scale. The injured worker also noted left elbow pain rated 7 out of 10. Examination of the lumbar spine revealed tenderness to palpation over the lumbar spine and a decreased range of motion. Sensation was decreased in the lumbar five-sacral one dermatome. A straight leg raise test was positive bilaterally. Treatment and evaluation to date has included medications, MRI, x-rays, physical therapy, aqua therapy and a lumbar fusion. A current medication list was not noted. Medications and treatments tried and failed include Advil, Tylenol, physical therapy and aqua therapy. The plan of care included a trial of Relafen, Gabapentin, Prilosec and a medication panel. The current treatment requests include a medication panel and Omeprazole 20 mg #60. The Utilization Review documentation dated 9-16-15 non-certified the request for a medication panel and Omeprazole 20 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Med panel (Urine Drug Screen): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, urine drug screening is an option for monitoring of patients on opioid therapy for compliance and signs of aberrant behavior. Patient was previously Norco which was weaned and was previously on Tramadol. Patient is not noted to be on any opioids at present. Provider has not documented any plan to initiate opioids and has not documented any concerns for drug abuse. Urine drug screen is not supported. It is not medically necessary.

**Omeprazole 20mg, #60:** Overturned

**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 was denied request for naproxen multiple times in the past due to side effects and chronic use increases risk for strokes and heart attacks but recent UR approved a trial of Relafen for unknown reason. While provider has not documented patient's medical history anywhere, patient's age alone meets criteria for increased risk for GI bleed. Prilosec/Omeprazole is medically necessary as long as Relafen/NSAIDs is being taken.