

Case Number:	CM15-0199168		
Date Assigned:	10/14/2015	Date of Injury:	10/21/2009
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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 injured worker is a 44-year-old male, who sustained an industrial injury on 10-21-09. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI right wrist (7-30-15). Currently, the PR-2 notes dated 7-1-15 indicated the injured worker complains of wrist pain and associated numbness in the hand. The provider notes, "The patient returns for pain management follow-up evaluation reporting constant pain 9 out of 10." Objective findings on this date are documented as" right wrist range of motion: flexion 40 degrees, extension 45 degrees, radial deviation 10 degrees, and ulnar deviation 26 degrees." The provider notes the injured worker is a status post right wrist surgery of 5-27-10 and with possible triangulofibral complex cartilage tear (TFCC). The treatment plan included a recommendation for a MRI scan of the right wrist with contrast to assess for TFCC tear as recommended by the AME. He also requested a XXL wrist sleeve for the right wrist pain, an orthopedic evaluation and medications and quantitative drug screening due to the injured worker is being evaluated on this date for medication management and ongoing medications therapy. A MRI of the right wrist was completed and dated 7-30-15 with an impression: "1) Moderate extensor tendinosis and scarring including possible longitudinal partial tearing of the extensor pollicis longus. Extensor carpi ulnaris tendinosis with anteromedial luxation, dislocation out of the ulnar groove perched along the superficial margin of the ulnar styloid with possible longitudinal thinning and partial tearing and with scarring of surrounding tendon sheath and undermining of the overlying retinaculum. 2) Dorsal and palmar radiocarpal and intercarpal capsular ligamentous and synovial irregular thickening and synovitis and scarring. Prominent large dorsal ganglion cyst." A Request for Authorization is dated 10-9-15. A Utilization Review letter is dated 9-10-15 and indicates non-certification for retrospective

Omeprazole (Prilosec) 20mg #60 (date of service 7-1-15) and Qualitative drug screen. A request for authorization has been received for retrospective Omeprazole (Prilosec) 20mg #60 (date of service 7-1-15) and Qualitative drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole (Prilosec) 20mg #60 (DOS: 07/01/15): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

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 that would place the claimant at risk. There was mention of GI irritation while on NSAIDs. The claimant was on NSAIDs for several months without consistent pain score documentation and long-term use is not indicated. The claimant was on opioids for pain as well which can compound the symptoms. Altering pain medications is more appropriate rather than requiring long-term Omeprazole. Therefore, the continued use of Omeprazole is not medically necessary.

Qualitative drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter updated 9/8/15.

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. Based on the above references and clinical history a drug screen is not medically necessary.