

<b>Case Number:</b>	CM15-0200996		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Preventive Medicine, Occupational 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 male who sustained an industrial injury 04-13-12. A review of the medical records reveals the injured worker is undergoing treatment for adhesive capsulitis, fracture of the scapula, cervical radiculopathy, and lumbar spondylosis. Medical records (09-21-15) reveal the injured worker complains of neck and low back pain, which are not rated. The physical exam (09-21-15) is not documented on 07-08-15, 08-05-15, 08-20-15, or 09-21-15. There is no discussion of gastrointestinal disease or any gastrointestinal symptoms. An Emergency Room visit for abdominal pain is reported in the notes from 08-20-15. Prior treatment includes medications including Prilosec, cyclobenzaprine, and Norco. The injured worker was switched from Nexium to Prilosec on 05-06-15 without discussion. The original utilization review (09-29-15) non certified the request for a urine drug screen and Omeprazole 20mg 3#60 with 2 refills. The documentation supports that the injured worker has been on Prilosec since at least 05-06-15. The previous urine drug screen was discussed with the injured worker in the visit dated 05-06-15. The findings were reportedly consistent with the current prescription medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, the injured worker is currently prescribed Norco and the last urine drug screen was conducted in 3-15, therefore, the request for urine drug screen is determined to be medically necessary.

**Omeprazole 20mg #60 with 2 refills:** 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:** Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, there is documentation that the injured worker was placed on Omeprazole to replace Nexium, however, Nexium remains on his current active medications list. It is unclear if both medications are being prescribed simultaneously, therefore, the request for Omeprazole 20mg #60 with 2 refills is determined to not be medically necessary.