

Case Number:	CM15-0022203		
Date Assigned:	02/11/2015	Date of Injury:	05/19/2014
Decision Date:	03/26/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

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 (IW) is a 42 year old male who sustained an industrial injury on 05/19/2014 when struck by a metal bar at work. He has reported constant headaches rated at an 8/10, constant pain rated an 8/10 localized to the neck, radiating to both arms with numbness and tingling. Diagnoses Post-traumatic headaches and feelings of impending syncope, chronic cervical musculoligamentous sprain and strain injury, sleep disorder, probably secondary to chronic pain, adjustment disorder with anxiety and depression. Treatment to date includes topical analgesics, Genicin, Somnicin, Omeprazole, tramadol, and Terocin patches. Requests were made for Tramadol, Omeprazole, and urine drug screens. A progress note from the treating provider dated 12/11/2014 indicates restricted range of motion in all planes. He had pain with range of motion of the cervical spine there was tenderness to palpation of the cervical paraspinal muscles bilaterally, upper greater than lower, with slight palpable spasm bilaterally of the spinous processes C5-C7. Treatment plans included medications and evaluation of the EEG done 12/11, and the Epworth Sleepiness Scale, and follow-up re-evaluation by the neurologist in four weeks. On 01/28/2015 Utilization Review non-certified a retrospective request for 60 Capsules of Omeprazole 20mg, noting there was no documentation showing complaints of dyspepsia or gastrointestinal upset or documentation of taking nonsteroidal anti-inflammatory drugs to support a request for omeprazole. The MTUS Guidelines were cited. On 01/28/2015 Utilization Review non-certified a retrospective request for Urine Drug Screen, noting the documentation did not show any risk factors for aberrant drug use. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; GI protection Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain: NSAIDs; GI protection

Decision rationale: MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or(2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid: Drug screening Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; urine drug screen Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); pain; urine drug screen

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-high risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as not high risk. As such, the current request for urinalysis drug screening is not medically necessary.

