

Case Number:	CM15-0216325		
Date Assigned:	11/06/2015	Date of Injury:	03/23/2001
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/03/2015

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 55 year old female who sustained an industrial injury on 03-23-2001. Medical records indicated the worker was treated for lumbar discopathy with disc displacement status post lumbar fusion, lumbar radiculopathy, and left sacroiliac arthropathy. In the provider notes of 09-28-2015, the injured worker complains of persistent left sacroiliac joint pain radiating down to the left leg with numbness and tingling. The pain also radiates across her back causing low back pain. The pain is aggravated by twisting, bending, or direct pressure over the sacroiliac joint. Medications help alleviate some of her symptoms. Her medications include Vicodin (since 03-19-2015), Paxil (since 03-19-2015) and Prilosec (since 03-19-2015). Treatment plans include medications and drug screening. A request for authorization was submitted for: 1. Paxil 20mg quantity 602. Prilosec 20mg quantity 903. Hydrocodone Acetaminophen 2.5/325mg quantity 1204. 1 urine drug screen to include on-site collection/off-site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and Elisa technology. A utilization review decision 10/20/2015 certified: Paxil 20mg quantity 60 and non-certified: Prilosec 20mg quantity 90; Hydrocodone Acetaminophen 2.5/325mg quantity 120; 1 urine drug screen to include on-site collection/off-site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and Elisa technology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg quantity 90: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Prilosec 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 or antiplatelet use that would place the claimant at risk. The claimant had been on Nalfon (NSAID) for several months which likely required use of Prilosec. Furthermore, the long-term use of NSAIDs and PPIs as above are not recommended. Therefore, the continued use of Prilosec is not medically necessary.

Hydrocodone Acetaminophen 2.5/325mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for a several months. Pain scores were not routinely noted. There was no mention of or Tylenol failure. There was an initial attempt to wean and stop the use of Hydrocodone a few months prior but the claimant subsequently remained on the same dose for the past few months. The continued use of Hydrocodone is not medically necessary.

1 urine drug screen to include on-site collection/off-site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and Elisa technology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

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's 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. There is also no evidence that high sensitivity analysis is necessary for the claimant. Based on the above references and clinical history a urine toxicology screen with ELISA technology is not medically necessary.