

Case Number:	CM15-0053204		
Date Assigned:	03/26/2015	Date of Injury:	06/14/2000
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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, North Carolina
 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:

This 53 year old woman sustained an industrial injury on 6/14/2000. The mechanism of injury is not detailed. Diagnoses include cervical spine strain/sprain, lumbar disc herniation with lower extremity radiculopathy, status post nucleoplasty, right shoulder impingement syndrome, status post right shoulder arthroscopy, and lumbar spine re-aggravation. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 2/16/2015 shows complaints of pain tot eh lumbar spine that has increased and is rated 7-8/10. The worker states she has had several falls because her legs give out. Recommendations include physical therapy, urine toxicology screen, Motrin, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dealing with misuse and addiction Page(s): 84.

Decision rationale: The request is for urine toxicology testing. MTUS recommends drug screening if there are active signs of misuse or addiction or repeated violations of the medication contract. These concerns should be immediately addressed with the patient. This patient's medications include Motrin and Prilosec. She is not taking any opioids or other medications that could be a concern for abuse or misuse. There is also no documentation that the patient is exhibiting behavior consistent with drug misuse/abuse. Thus, the medical necessity for this request is not established.

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request is for 12 physical therapy sessions. MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial in restoring flexibility, strength, endurance range of motion, function and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. This patient has had several previous rounds of physical therapy, which did not result in improvement in pain or function. Thus, additional physical therapy is not deemed medically necessary at this time.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and CV risk Page(s): 68.

Decision rationale: The request is for Prilosec to be taken in conjunction with Motrin. The MTUS states that patients with no risk for GI events and no cardiovascular disease are OK to take nonselective NSAIDs like Motrin without a PPI. Those at intermediate and high risk for a GI event should take a PPI or COX-2 inhibitor along with the NSAID. Prilosec is a PPI recommended for treatment of duodenal ulcer, gastric ulcer, GERD, healing of erosive esophagitis and for patients with intermediate and high risk of GI events with no risk for cardiovascular disease. This patient has no risk for GI events and is asymptomatic from a GI standpoint, so the request for Prilosec is not medically necessary.