

<b>Case Number:</b>	CM14-0144074		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/02/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 62 year old male who reported an injury on 04/22/2004. The mechanism of injury was not specified. His diagnoses included status post bilateral shoulder surgery with residuals and cervical spine myofascial sprain. His diagnostics and previous treatments were not noted and his surgery was noted as a bilateral shoulder surgery. On 06/23/2014 the injured worker reported that Relafen improved his pain level by approximately 50-75%. The physical examination revealed restricted range of motion with pain to the cervical spine and 4+/5 rotator cuff strength to the right and left shoulders. He had a urine drug screen done on this visit which was consistent with his documented documents. It was noted that a urine sample was collected on 03/18/2014, which also showed consistency with his medications. His medications included Relafen 750mg twice daily as needed and Prilosec. The treatment plan was for 1 prescription of Prilosec 20mg #60, 1 urine toxicology screen, and one follow up visit. The rationale for request and the request for authorization form were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of 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 & cardiovascular risk Page(s): 68.

**Decision rationale:** Based on the clinical information submitted for review, the request for one prescription of Prilosec 20mg, #60 is not medically necessary. The California MTUS guidelines recommend the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The injured worker suffered from chronic residual pain in the cervical spine and bilateral shoulders. His medications included Relafen and Prilosec. There is a lack of documentation indicating the injured worker has history of peptic ulcer, perforation, or gastrointestinal bleeding. Also it was not documented that the injured worker is taking any type of anticoagulant or corticosteroid. Within the provided documentation, the physician did not indicate the injured worker has significant gastrointestinal symptoms. Furthermore, the request failed to provide the frequency for the medication being requested. As such, the request for one prescription of Prilosec 20mg, #60 is not medically necessary.

**1 Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Based on the clinical information submitted for review, the request for 1 urine toxicology screen is not medically necessary. As stated in California MTUS Guidelines, drug screening is recommended as an option to assess for the use or the presence of illegal drugs. The injured worker suffered from chronic residual pain in the cervical spine and bilateral shoulders. His medications included Relafen and Prilosec. As a urine drug screen is necessary when a patient is taking opioids, there was insufficient clinical information showing that the injured worker was taking an opioid for pain relief. Also, his urine drug screens collected on 03/18/2014 and 06/23/2014 showed consistencies with the medications he was taking at the time. There is a lack of documentation showing that the injured worker had aberrant, drug seeking behaviors. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request for 1 urine toxicology screen is not medically necessary.

**1 Follow up visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits.

**Decision rationale:** Based on the clinical information submitted for review, the request for 1 follow up visit is not medically necessary. As stated in Official Disability Guidelines, the necessity for an office visit requires individualized case review and assessment. A clinical office visit is modified based upon review of the patient concerns, signs/symptoms, clinical stability, and reasonable physician judgment. The injured worker suffered from chronic residual pain in the cervical spine and bilateral shoulders. He was status post bilateral shoulder surgery. The guidelines indicate that office visits are suggested as determined to be medically necessary. The requesting physician's rationale for the request is not indicated within the provided documentation. The clinical notes submitted for review showed minor, if any, changes in his medical condition; therefore, the injured worker's need for a follow up visit is not demonstrated at this time. There is a lack of documentation which demonstrates when the injured worker was last seen for an office visit. As such, the request for 1 follow up visit is not medically necessary.