

Case Number:	CM14-0161043		
Date Assigned:	10/06/2014	Date of Injury:	11/17/2011
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 59 year old female who sustained a work related injury on 11/17/11. The mechanism of injury was falling on the pavement while hanging an advertisement sign. She had a fracture of her left elbow. Her treatment included four surgeries of her left elbow. Her other treatment included cortisone injections, physical therapy and oral medications. Her evaluation included an electromyography (EMG)/nerve conduction study (NCS) that was normal in her left upper extremity. MRI of left shoulder on 11/29/12 revealed possible tear of the posterior aspect of the superior labrum, mild degeneration of the acromioclavicular (AC) joint and diffuse low to intermediate grade partial thickness undersurface tear of the supraspinatus tendon. She was status post major reconstructive procedure on her left elbow on 08/27/13. Her diagnoses included status post left radial head and olecranon fracture, status post radial head replacement fixation, left wrist sprain and left shoulder subacromial impingement. Her progress note from 08/29/14 was reviewed. She had persistent pain in her left shoulder, left elbow and left hand. Her pain at left shoulder was 5/10, left elbow was 6/10 and left wrist pain was 3/10. She was taking Naprosyn and Prilosec as needed. The Naprosyn improved her pain from 6/10 to 3/10. She was not working. Pertinent examination findings included painful arc over 135 degrees and tenderness over the acromioclavicular joint of the left shoulder. Left elbow examination revealed decreased range of motion and decreased sensation over the surgical scar on the olecranon. There was decreased strength of 4/5 with flexion and extension. Examination of the left wrist revealed decreased range of motion with weak grip strength of 4/5 with positive Phalen's. Diagnoses included status post left radial head and olecranon fracture, status post radial head replacement and olecranon fixation, left wrist sprain, slightly decreased bone quality, left shoulder subacromial impingement, depression and anxiety, sleep issues and stomach issues. The plan of care included Diclofenac/Lidocaine gel, Kera-Tek analgesic gel, Naprosyn, Prilosec and urine

drug screen. She was able to take Naprosyn only on an as needed basis due to gastritis. She was prescribed Prilosec as she continued to have gastrointestinal (GI) symptoms. The urine drug screen was done to monitor the patient compliance with her current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Overturned

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

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

Decision rationale: The employee was being treated for left upper extremity pain following a work related injury. She was status post four surgeries in her left elbow. Her pain was in left shoulder, left elbow and left wrist. She was also noted to have GI symptoms of gastritis and hence was taking Naprosyn as needed. Her medications included Naprosyn and Prilosec. The request was for Prilosec and urine drug testing. The MTUS Chronic Pain Medical Treatment guidelines recommend Proton pump inhibitors in the treatment of NSAID-induced dyspepsia. The review of records indicate that the employee was having GI symptoms of gastritis due to Naprosyn. The request for Prilosec is medically necessary and appropriate.

Urine Drug Testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77, 78.

Decision rationale: The employee was being treated for left upper extremity pain following a work related injury. She was status post four surgeries in her left elbow. Her pain was in left shoulder, left elbow and left wrist. She was also noted to have GI symptoms of gastritis and hence was taking Naprosyn as needed. Her medications included Naprosyn and Prilosec. The request was for Prilosec and urine drug testing. According to MTUS Chronic Pain Guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opioids and for ongoing management of patients on opioids. The submitted medical records do not indicate that the employee was exhibiting aberrant drug behaviors or was taking any prescription medications likely to be detected by the drug screen. There was also no documentation about initiating opioids. Hence, the request for a urine drug screen is not medically appropriate and necessary.

