

Case Number:	CM14-0196505		
Date Assigned:	12/15/2014	Date of Injury:	10/18/2012
Decision Date:	01/21/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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 patient is a 54 year old female with date of injury 10/18/12. The treating physician report dated 9/02/14 (141) indicates that the patient presents with pain affecting the neck, low back, left and right knee and right ankle. On the report dated 9/02/14 there is a note made that states "physical exam on attached sheets", but were not included in the documentation provided for review. Prior treatment history includes injection, x-ray, medications, arthroscopic surgery, physical therapy and acupuncture. Cervical spine MRI findings reveal at C3-4 posterior disc measures 1-2 mm. At C6-7 posterior disc measures 2.24 mm touching but not displacing the spinal cord. Lumbar spine MRI findings reveal at L3-4 posterior disc measures 2.99 mm with mild bilateral foraminal stenosis. At L4-5 posterior disc measures 2.99 mm with moderate foraminal stenosis. At L5-S1 there is 5.52 mm central disc, no foraminal stenosis or compression of the nerve roots. Left ankle MRI findings reveal a sprain of the medial collateral ligament with 6 mm heel spur and 3.9 mm subchondral cyst on distal first cuneiform. The current diagnoses are: 1.Right ankle sprain with possible instability2.Plantar fasciitis3.Multi-level disc bulge4.Left and right knee OAThe utilization review report dated 11/20/14 denied the request for naproxen sodium (unspecified QTY and strength), retrospective omeprazole (unspecified QTY and strength) and retrospective urine drug screen (unspecified QTY) based on lack of documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium (unspecified QTY and strength): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

Decision rationale: The patient presents with neck, low back, left and right knee and right ankle pain. The current request is for naproxen sodium (unspecified QTY and strength). The request for naproxen made in a report dated 9/02/14, and was denied based on lack of documentation of the specific functional benefit derived from use of naproxen as well as naproxen having been used greater than 90 days. The MTUS guidelines state that NSAIDs are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case the treating physician has not provided documentation of any analgesia or functional improvement with NSAID usage as required in the MTUS guidelines page 60. Therefore, this request is not medically necessary.

Retrospective Omeprazole (unspecified QTY and strength): Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The patient presents with neck, low back, left and right knee and right ankle pain. The current request is for retrospective omeprazole (unspecified QTY and strength). The request for omeprazole made in a report of 9/02/14 was denied. The MTUS guidelines state for NSAID GI symptoms to: "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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." In this case the treating physician states that the patient has gastritis and is prescribed NSAIDs. The current request is medically necessary.

Retrospective Urine Drug screen (unspecified QTY): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine drug testing (UDT)

Decision rationale: The patient presents with neck, low back, left and right knee and right ankle pain. The current request is for retrospective urine drug screen (unspecified QTY). While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of

opiate users, ODG Guidelines provide clearer recommendation. The ODG guidelines recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, there is no documentation that the patient has received a drug screen in the past 12 months. The patient is currently prescribed Norco and ODG allows for yearly urinary drug screen testing. The current request is medically necessary.