

Case Number:	CM14-0215613		
Date Assigned:	01/05/2015	Date of Injury:	03/03/2011
Decision Date:	03/05/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female with a date of injury as 03/03/2011. The cause of the injury was not included in the documentation received. The current diagnoses include myofascial pain syndrome, cervical spine strain, and left rotator cuff syndrome. Previous treatments include oral medications, ultrasound guided injection on 02/04/2014. Primary treating physician's reports dated 02/04/2014 through 10/09/2014, supplemental reports (appeal) dated 10/29/2013 through 10/24/2014, urine drug screening dated 02/04/2014, and report of ultrasound guided injection dated 02/04/2014 were included in the documentation submitted for review. Report dated 10/09/2014 noted that the injured worker presented with complaints that included continued pain, and left hand numbness/tingling. Physical examination revealed spasm in left trapezius, decreased range of motion in the left shoulder, positive left Spurling, decreased sensation left hand, and positive left shoulder impingement. Documentation supports that the injured worker is currently prescribed Naprosyn, omeprazole, and flexeril. The documentation submitted does not indicate that the injured worker has any complaints of gastrointestinal symptoms related to the use of prescribed medications. Urine drug screening submitted shows negative results for all tested medications. None of the reports contained a detailed evaluation of the benefits of the prescribed medications such as decreased usage, decreased pain levels, or improvement in functionality. The injured worker is currently not fit for duty. The utilization review performed on 12/19/2014 non-certified a prescription for urine drug screening based on no documentation of narcotic medications being prescribed or any other documentation indicating that the injured worker has displayed aberrant behavior, naproxen sodium based on no evidence of objective

functional benefit with use of this medication, and omeprazole based on no documentation to indicate medical necessity for use of naproxen sodium or evidence of gastrointestinal complaints. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine screen, Date of Service (DOS) 11/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Pain Summary last update 11/21/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 97.

Decision rationale: One urine screen, date of service 11/20/14 is not medically necessary. Per Ca MTUS guideline on urine drug screen to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and recommend screening for the risk of addiction prior to initiating opioid therapy. (1) However, these guidelines did not address the type of UDS to perform, or the frequency of testing. The ODG guidelines also recommends UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients? at low risk of addiction, aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. (2) The patient is taking Naprosyn, Omeprazole and Flexeril. The patient is not on an opioid and Flexeril is not recommended for long term use. Monitored compliance is not required; therefore the requested services is not medically necessary.

Naproxen sodium 550mg #100 with 2 refills, DOS 11/20/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Naproxen Sodium 550mg # 100 with 2 refills, DOS 11/20/14 is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has

been on Naproxen. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

Omeprazole 20mg #100 with 1 refill, DOS 11/20/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Omeprazole 20mg #100 with 1 refill, DOS 11/20/2014 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.