

<b>Case Number:</b>	CM14-0215949		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/11/1999
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 11, 1999. In a Utilization Review Report dated November 29, 2014, the claims administrator denied a urine toxicology screen and denied Prilosec. The claims administrator referenced a November 21, 2014 progress note in its determination. The applicant reportedly had heightened complaints of low back pain on that day and was employing Norco and Flexeril for pain relief. The claims administrator contended that the applicant had had previous drug testing on August 29, 2014, and further stated that the applicant did not have issues with heartburn and/or dyspepsia, which would compel provision of Prilosec. The applicant's attorney subsequently appealed. In a December 15, 2014 progress note, the applicant reported ongoing complains of low back pain, 8/10. The applicant was using six tablets of Norco daily and using Flexeril in unspecified amounts. The applicant was not working, it was acknowledged. Pain management consultation was endorsed. The attending provider suggested that the applicant might be obtaining Norco from different prescribers, per Cures report. On November 21, 2014, the attending provider ordered urine drug testing. The applicant was using Norco six times daily, it was noted. Norco, Flexeril and Prilosec were endorsed. There was no mention of any issues with reflux, heartburn, and/or dyspepsia. The applicant was retired, it was reiterated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) urine toxicology screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Urine Drug Testing

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The Official Disability Guidelines (ODG) stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for drug testing, attempt to conform to the best practice of United States of Department of the transportation when performing testing and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. Here, however, the attending provider did not clearly state, which drug tests and/or drug panels he is testing for. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing. The attending provider likewise failed to attach the applicants complete medication list to the request for testing. Since several criteria for pursuit of testing were not met. The request was not medically necessary.

**Prilosec 20 mg #60:** Upheld

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

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

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia on the November 21, 2014 and December 8, 2014 progress notes, referenced above. Therefore, the request was not medically necessary.