

Case Number:	CM14-0072110		
Date Assigned:	07/16/2014	Date of Injury:	11/19/2003
Decision Date:	05/27/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/19/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56-year-old female who sustained an industrial injury on November 19, 2003. The injured worker has been treated for neck, bilateral upper extremity and back complaints. The diagnoses have included cervical radiculopathy, bilateral, carpal tunnel syndrome, cervical disc herniation, lumbosacral spine strain, multiple fractured dentition and oropharyngeal pathology, reflex sympathetic dystrophy syndrome upper limb, anxiety and major depressive disorder. Treatment to date has included medications, radiological studies, chiropractic care, electrodiagnostic studies, physical therapy, psychological evaluations, steroid injections, bilateral carpal tunnel release surgery and left trigger thumb surgery. Current documentation dated March 23, 2015 notes that the injured worker reported increasing pain in the neck and bilateral upper extremities. The injured worker also noted dental pain, jaw pain and depression. Physical examination of the cervical spine revealed tenderness to palpation and a decreased range of motion. The neck pain radiated to the right upper extremity. Right hand examination revealed pain, constant numbness and tingling and a decreased range of motion. Decreased sensation was noted in the bilateral upper extremities. The injured workers current medication regime decreased her pain by sixty to seventy percent and helped increase her quality of life. The treating physician's plan of care included a request for a Urine Drug Screen and the medication Zantac 150 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chronic Pain.

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 2003 2010 he was to be treated for neck pain with right upper extremity radiating symptoms. Norco and Zantac are being prescribed. Urine drug screening performed in June 2014 was consistent with the prescribed medications. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening less than one year after the previous testing was not medically necessary.

Zantac 150mg #60 with 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2003 2010 he was to be treated for neck pain with right upper extremity radiating symptoms. Norco and Zantac are being prescribed. Urine drug screening performed in June 2014 was consistent with the prescribed medications. Guidelines recommend consideration of an H2-blocker such as Zantac for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is not taking an oral NSAID medication. The claimant does not have any identified ongoing risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Therefore the continued prescribing of Zantac is not medically necessary.