

Case Number:	CM15-0009869		
Date Assigned:	01/27/2015	Date of Injury:	11/23/2007
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: 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 injured worker is a 55 year old male with an industrial injury dated 11/23/2007. He presents on 12/04/2014 with complaints of bilateral shoulder pain, numbness, tingling and limited range of motion. Report on 12/05/2014 notes he was also complaining of cervical and lumbar spine pain. Physical exam revealed wide based gait and decreased range of motion of the cervical spine. There was diffuse tenderness noted to palpation over the lumbar paraspinal muscles with spasms noted. Range of motion of the lumbar spine was limited. Prior treatments include cervical and lumbar injections and medications. Diagnoses included status post ACDF (anterior cervical discectomy and fusion) at cervical 5-6, cervical 6-7 and cervical 7-thoracic 1, cervical disc disease, cervical radiculopathy, bilateral shoulder impingement, lumbar disc disease, lumbar radiculopathy and chronic pain. On 12/17/2014 utilization review non-certified the request for the following: Prilosec 20 mg # 90, ODG and MTUS Guidelines were cited. Benicar 40mg # 30, MTUS is silent. ODG was cited. Urine toxicology screen, ODG and MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 MG #90: 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 & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The injured worker is also not reported to be taking NSAIDs. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Prilosec 20 MG #90 is determined to not be medically necessary.

Urine Toxicology Screen: Overturned

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 section Opioids Criteria for Use section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. The injured worker is noted to be prescribed medications with abuse potential. He is receiving chronic treatment with opioid pain medication. The injured worker's pain is not well controlled and he is reportedly depressed and frustrated. The request for urine toxicology screen is determined to be medically necessary.

Benicar 40 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/benicar.html>

Decision rationale: Benicar is an antihypertensive medication. The medical report indicates that the injured worker requires medication refills because he remains symptomatic. He is being treated by the requesting physician for low back pain. There is no discussion regarding the need for Benicar provided by the requesting physician to establish medical necessity. The request for Benicar 40 mg #30 is determined to not be medically necessary.