

Case Number:	CM15-0015812		
Date Assigned:	02/03/2015	Date of Injury:	12/09/2012
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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: 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 pain syndrome reportedly associated with an industrial injury of December 9, 2012. In a Utilization Review Report dated December 29, 2014, the claims administrator failed to approve requests for omeprazole and a urine toxicology screen to include confirmatory testing. The claims administrator partially approved/conditionally approved a medication consultation as a one-time follow-up visit for medication management purposes. The claims administrator referenced a December 3, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. On October 29, 2014, the applicant reported ongoing complaints of neck and low back pain, 7-7.5/10, exacerbated by sitting, standing, reaching, lifting, climbing stairs, driving, kneeling, and squatting. Urine drug testing was performed on October 29, 2014. Naprosyn, Flexeril, Prilosec, Xanax, Neurontin, and tramadol were endorsed. The applicant's work status was not furnished. On October 1, 2014, the applicant again received refills of Norco, Naprosyn, Flexeril, Prilosec, and Xanax. 7-8.5/10 neck and low back pain were appreciated. A urinalysis/urine drug testing was again performed. In an earlier note dated June 24, 2014, the applicant was placed off of work, on total temporary disability. The applicant's primary treating provider (PTP) was a chiropractor, (DC), it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines for Independent Medical Examinations and Consultations regarding Referrals, chapter 7 Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: 1. Yes, the proposed medication consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP), a chiropractor (DC) is not licensed to prescribe medications. The applicant continues to report pain complaints in the 7-8.5/10 range. Obtaining the added expertise of a physician (MD), who is better-equipped to address issues with medication management was, thus, indicated. Therefore, the request was medically necessary.

Urine toxicology screen and confirmation, 12/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk for addiction (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS. Decision based on Non-MTUS Citation Chronic Pain

Decision rationale: 2. Conversely, the request for a urine toxicology screen and associated confirmatory testing was not medically necessary, medically appropriate, or indicated here. 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. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the Request for Authorization for testing, further notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, and also stipulates that an attending provider attempt to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly identify why he was performing urine drug testing on each and every office visit, on what appeared to be a monthly basis. There was no mention of the applicant's being a higher-risk individual for whom such frequent drug testing would have been indicated. The attending provider did not state why confirmatory testing was being pursued, despite the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: 3. Finally, the request for omeprazole (Prilosec), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole (Prilosec) to combat issues with NSAID-induced dyspepsia, in this case, however, multiple progress notes, referenced above, contained no mention or references to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, including a progress note of December 3, 2014. Therefore, the request was not medically necessary.