

<b>Case Number:</b>	CM15-0113048		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Illinois

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 53-year-old female, who sustained an industrial/work injury on 3/15/13. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having cervical musculoligamentous strain, cervical disc disease, cervical radiculopathy at C5-6, right shoulder partial tear of the supraspinatus, left shoulder tendinosis, lumbar discopathy, lumbar radiculopathy at L5, and lumbar spine facet syndrome. Treatment to date has included medication, epidural steroid injection, and diagnostics. MRI results were reported on 1/2/14 and 4/30/13. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 5/2/13. Currently, the injured worker complains of neck and back pain. Injections decreased pain with 70% improvement. Per the pain management evaluation on 5/7/15, the examination noted an antalgic gait, decreased in normal lordosis, mild tenderness to palpation and spasm over the cervical paraspinous muscle, facet tenderness to palpation along the C6 through C7 levels. There was normal range of motion to the cervical spine but with crepitus with decrease sensation C5 and C6 dermatomes on the right. There is diffuse tenderness noted at the L4 through S1 levels, positive Kemp's test, decreased range of motion with extension. The requested treatments include urine Toxicology Screen and Protonix 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen: Upheld**

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

**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 Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** The injured worker sustained a work related injury on 3/15/13. The medical records provided indicate the diagnosis of cervical musculoligamentous strain, cervical disc disease, cervical radiculopathy at C5-6, right shoulder partial tear of the supraspinatus, left shoulder tendinosis, lumbar discopathy, lumbar radiculopathy at L5, and lumbar spine facet syndrome. Treatment to date has included medication, epidural steroid injection, and diagnostics. The medical records provided for review do not indicate a medical necessity for Urine Toxicology Screen. The MTUS recommends Drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS does not specify the frequency of testing; but the Official disability guidelines recommends the frequency of the testing be based on the risk of addiction/aberrant behavior. Individuals at low risk are to be tested within six months of initiation of therapy and on a yearly basis thereafter; patients at moderate risk are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results; while individuals with high risk be tested once per month. High risk includes individuals with active substance abuse disorders; while moderate risk includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, patients in unstable and/or dysfunction social situations, and those patients with comorbid psychiatric pathology. The medical records indicate the injured worker had a negative screen in 03/2015; but she was noted to have a score of more than 18 in Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP-R), as a result of which the provider considers her to be at high risk and therefore requested for urine screen during the most recent visit. The records did not provide any information on the questions that were answered in the SOAPP-R test, besides the Official Disability Guidelines considers the test as subjective and unreliable. Additionally, the medical records indicate the answers to the psychiatric and psychological questions were all negative; there was no indication the injured worker is has a history of substance abuse or aberrant behavior. The request is not medically necessary.

**Protonix 20 MG #30: 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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Appendix A ODG Workers Compensation Drug Formulary.

**Decision rationale:** The injured worker sustained a work related injury on 3/15/13. The medical records provided indicate the diagnosis of cervical musculoligamentous strain, cervical disc disease, cervical radiculopathy at C5-6, right shoulder partial tear of the supraspinatus, left shoulder tendinosis, lumbar discopathy, lumbar radiculopathy at L5, and lumbar spine facet syndrome. Treatment to date has included medication, epidural steroid injection, and

diagnostics. The medical records provided for review do not indicate a medical necessity for Protonix 20 MG #30. Protonix (Pantoprazole) is a proton pump inhibitor, with an (N) status in the Official Disability Guidelines. This means, it is not on the formulary, because it is not recommended as a first-line treatment in ODG. It therefore requires pre-authorization if use of these drugs would be appropriate and medically necessary. The requested treatment was reviewed by the utilization reviewer and denied. Additionally, the MTUS recommends the use of proton pump inhibitors if an individual at risk of gastrointestinal event is being treated with NSAID. The medical records indicate the injured worker is on treatment with the NSAID Naproxen, but she has no known gastrointestinal risk factor; however, her doctor prescribed the medication in anticipation of possible gastrointestinal adverse event. The MTUS criteria for the use of proton pump inhibitors include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e. g. , NSAID + low-dose Aspirin). The request is not medically necessary.