

Case Number:	CM15-0126835		
Date Assigned:	07/13/2015	Date of Injury:	03/12/2007
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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, Florida, 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:

This 59 year old female sustained an industrial injury to the neck and left upper extremity on 3/12/07. Recent treatment consisted of medication management and home exercise. In a pain management reevaluation dated 5/27/15, the injured worker stated that her pain was about the same. The injured worker complained of pain 6/10 on the visual analog scale with medications and 10/10 without medications. The injured worker reported that medications helped and that she was sleeping well. The injured worker denied any constipation, diarrhea, upset stomach, fevers or chest pain. Physical exam was remarkable for left upper extremity with hypersensitivity to light touch, weakness in the left grip and tenderness to palpation over the cervical spine paraspinal musculature. Current diagnoses included cervicgia, anxiety, headache, left upper extremity complex regional pain syndrome, left arm pain and insomnia. The treatment plan included refilling medications (Lyrica, Omeprazole and Nabumetone), a urinalysis and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg one tablet po bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68 of 127.

Decision rationale: This claimant injured the neck and left upper extremity in 2007, now 8 years ago. As of May 2015, the pain was unchanged. Medicines reduce it four points on the visual analog scale. No gastrointestinal symptoms were noted. Current diagnoses included cervicalgia, anxiety, headache, left upper extremity complex regional pain syndrome, left arm pain and insomnia. This is a request for the omeprazole. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non-Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary.

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43 of 127. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003579.htm>.

Decision rationale: As shared previously, this claimant injured the neck and left upper extremity in 2007. As of May 2015, the pain was the same. Medicines reduce it four points on the visual analog scale. There is no mention of renal dysfunction. Current diagnoses included cervicalgia, anxiety, headache, left upper extremity complex regional pain syndrome, left arm pain and insomnia. The treatment plan included refilling medications, a urinalysis and continuing home exercise. This is a request for the omeprazole. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG likewise is silent. Per the National Institutes of Health, urinalysis is the physical, chemical, and microscopic examination of urine. It involves a number of tests to detect and measure various compounds that pass through the urine. In this case, it is not clear how this procedure is beneficial to the patient and clinically essential for injury care. There is no mention of renal or bladder contusion, or other conditions that need assessment. At present, the request is not certified. On the assumption that the doctor intended a urine drug screen instead, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids; and (4) On-Going Management; Opioids, differentiation: dependence and addiction; Opioids, screening for risk of addiction (tests); and Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate

compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request for a urine drug screen is not medically necessary.