

<b>Case Number:</b>	CM15-0178081		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 69-year-old female, who sustained an industrial injury on 5-15-14. The documentation on 8-6-15 noted that the injured worker has complaints of neck, back, bilateral knees and bilateral upper limbs sharp, stabbing, pain, stiffness, weakness, numbness, paresthesia, clumsiness and generalized discomfort. The documentation noted reduced range of motion of the cervical spine and right shoulder in all planes with positive drops test and reduced sensation and strength in the distribution of the right C7 spinal nerve root with absent right triceps deep tendon reflex. There is reduced sensation and strength in the distribution of the right median nerve at the right wrist with positive Tinel and Phalen signs. There is reduced range of motion of the lumbosacral spine with reduced sensation in the distribution of the left S1 (sacroiliac) spinal nerve root and absent left ankle deep tendon reflex. There is reduced range of motion of the knees bilaterally, particularly on the right side with tenderness in the medial aspect of both knees. The diagnoses have included displacement of cervical intervertebral disc without myelopathy and right carpal tunnel syndrome and left cubital tunnel syndrome. Treatment to date has included norco; gabapentin; valium lidocaine patches; zanaflex; ultracet and prilosec. The original utilization review (8-24-15) non-certified the request for retrospective quantitative and qualitative urine drug screen and retrospective omeprazole 20mg #30, date of service 8-6-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective quantitative and qualitative urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. The claimant had a urine screen 2 months prior, which did not indicate any deviant medication use. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

**Retrospective Omeprazole 20mg, #30 (DOS: 8/6/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.