

Case Number:	CM15-0069049		
Date Assigned:	04/16/2015	Date of Injury:	07/15/2009
Decision Date:	05/19/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/13/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 31-year-old female who sustained an industrial injury on 7/15/09. The injured worker reported symptoms including of back pain. The injured worker was diagnosed as having grade 1 spondylolisthesis L5-S1, lumbosacral strain with radicular symptoms, and mild left neuroforaminal stenosis L5-S1. Treatments to date have included epidural steroid injection and oral pain medication. Currently, the injured worker complains of back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines recommend use of urine drug screens once per year in low risk patients who are on opioids long term. In this case, the previous date of urine drug screen was not documented and the patient is recommended to discontinue Norco. The request for urine drug screen is not medically appropriate and necessary.

Norco 5/325 mg Qty 120 (retrospective - dispensed on 03/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines recommend ongoing monitoring of pain relief, functional status, appropriate medication use, and side effects for patients using opioids long term. In this case, the clinical documents do not include evidence of pain relief and functional improvement. The request for Norco 5/325 mg #120 is not medically appropriate and necessary.

Prilosec 20 mg Qty 60 (retrospective - dispensed on 03/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: Guidelines recommend prilosec for patients at intermediate risk for gi events and cardiovascular disease who are on NSAIDs. In this case, the clinical documents do not indicate GI upset with use of an NSAID in this patient and the patient is not on high dose NSAIDs. The request for prilosec 20 mg #60 is not medically appropriate and necessary.