

<b>Case Number:</b>	CM14-0138662		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 injured worker is a 55 y/o female who has developed a chronic pain syndrome subsequent to a fall on 5/22/12. She has pain complaints involving the right upper extremity, left hip, left knee, left ankle and foot. She has been treated with surgical excision of the 5th metatarsal head. Various compounded topical products are utilized without benefit. She has started to see a new primary treating provider. A trial of increased opioid dosing is- recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Tox:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/pain.htm>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** MTUS Guidelines supports the rationale use of urine drug screens with opioids are being initiated or maintained for a long period of time. The Guidelines do not differentiate testing based on dosing. There is no evidence that prior screening has been accomplished. An initial screen is consistent with Guidelines and is medically necessary.

**Sleep Study: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/pain.htm>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Polysomnography

**Decision rationale:** MTUS Guidelines do not address the issue of sleep studies. ODG Guidelines specifically address this issue and does not recommend studies unless specific conditions are met i.e. several months of persistent insomnia that is not responsive to cognitive therapy and medications. There is no evidence that these conditions have been met. There are no unusual circumstances to justify an exception to Guidelines. The sleep study is not medically necessary.

**Norco 10/325mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Initiating Treatment Page(s): 77, 78.

**Decision rationale:** MTUS Guidelines supports the judicious use of Opioids if it results in pain relief and functional benefits. The records reviewed do not provide adequate documentation that Opioids have been trialed in an adequate manner. A trial of Norco 10/325 #60 is medically necessary and consistent with Guidelines.

**Xanax 1mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/pain.htm>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS Guidelines do not recommend the long-term use of Benzodiazepines beyond a few weeks. There are no unusual circumstances to justify an exception to the Guideline recommendations. The Xanax 1mg #60 is not medically necessary.

**Prilosec 20mg #90: 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 NSAID's and GI symptoms Page(s): 68.

**Decision rationale:** MTUS Guidelines do not support the routine use of PPI's (Omeprazole) unless there are specific risk factors associated with NSAID use. There is no documentation of these risk factors. PPIs are not benign drugs and long term use is associated with increased hip fractures, increased lung infections and biological metal(s) dysregulation. The Omeprazole 20mg. #90 is not medically necessary.