

<b>Case Number:</b>	CM14-0147434		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 54-year-old female who was reportedly injured on June 1, 2011. The mechanism of injury was noted as a twisting injury in which the patient was attempting to step down off of a ladder, three feet from the ground. When the injured worker's left foot missed the first rung and slid to the floor, the patient's right foot remained on the ladder, resulting in a twisting injury to the right knee as the patient attempted to avoid falling. The most recent progress note dated August 13, 2014, indicated that there were ongoing complaints of right knee pain rated at a 4/10 on the pain scale and described as cramping, burning, throbbing, stabbing, aching and dull pain with stiffness. The injured worker also reported locking, giving way, popping and weakness of the knee. The physical examination revealed the patient in no acute distress, with an antalgic gait and requiring ambulatory assistance with a cane. The patient had positive patellar compression test and positive patellar apprehension test. The clinician noted positive medial patellar facet tenderness with manipulation, as well as tenderness over both the posterior horn of the medial and the posterior horn of the lateral meniscus. The exam was negative for varus and valgus stress testing. There was not a palpable Baker's cyst, and no identifiable edema, erythema or bony deformity noted to the knee. Diagnostic imaging studies were not included for review. Previous treatment included right knee surgery in January 2012 with repair of torn medial meniscus, postoperative physical therapy, use of a knee brace and a cane and NSAIDs. Requests have been made for a urine toxicology screen, bloodwork including a CBC, CRP, CPK, Chem 8, hepatic panel and arthritis panel, and a prescription for Omeprazole 20 mg, # 30, with two refills. These requests were not certified in the pre-authorization process on August 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine tox screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing MTUS Page(s): 43 OF 127.

**Decision rationale:** While California Medical Treatment Utilization Schedule (MTUS) guidelines support urine drug screening as an option to assess for the use or presence of illegal drugs and/or the misuse of medications, the documentation provided does not indicate that the claimant is currently utilizing any controlled substances or that the clinician intends to provide the claimant with controlled substances. Furthermore, the clinician does not indicate that the claimant exhibits a previous history of, nor current problems regarding abuse or addiction. As such, the request is considered not medically necessary.

**Labs, CBC, CRP, CPK, Chem 8, and hepatic and arthritis panel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70 of 127.

**Decision rationale:** While the California Medical Treatment Utilization Schedule guidelines do recommend periodic laboratory monitoring of a CBC and chemistry profile, specifically including liver and renal function tests, while patients are taking non-steroidal anti-inflammatory drugs (NSAIDs), they do not address medical necessity of other laboratory tests, such as, CRP, CPK, and other markers of inflammation. In summary, the clinician fails to demonstrate a reasonable suspicion of an inflammatory disorder or disease process, and therefore, the requested tests are not considered medically necessary.

**Omeprazole 20mg #30 with 2 refills:** 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 Page(s): 68-69 of 127..

**Decision rationale:** Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal (G.I.) disorder. Additionally, the injured employee does not have a

significant risk factor for potential G.I. complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for Prilosec is not medically necessary.