

Case Number:	CM13-0002449		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2010
Decision Date:	03/06/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 59-year-male who sustained work-related injury on 09/30/2010. A note dated 12/28/2012 indicates he presented with complaints of lower back pain with slight numbness into the hands. The objective findings were lumbar flexion 40, extension 20, and lateral bending on right and left 20. There was tightness in the lumbar paraspinal musculature. He was prescribed Norco 10/325 mg, Ultracet 37.5/325 mg, Prilosec 20 mg, and Neurontin t.i.d. for nerve pain. A comprehensive drug panel done on 02/27/2013 was positive for cis-Tramadol and O-Desmethyl-cis-Tramadol. A note dated 05/08/2013 indicates he presented with complaints of lower back pain. The objective findings were lumbar flexion 50, extension 20, and lateral bending on right and left 20. There was tightness in the lumbar paraspinal musculature. He was diagnosed with HNP with radiculitis, symptoms of anxiety and depression, insomnia, and internal derangement of right hip. The treatment plan was renewed medications of Norco 10/325 mg, Ultram 150 mg, and Prilosec 20 mg. A comprehensive drug panel collected dated 05/08/2013 was negative for these medications. He also had previous drug panel done on 05/02/2012, 11/16/2012, 01/15/2013, and 02/27/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one comprehensive drug panel (5/8/13): 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Pain (Chronic), Urine Drug Testing.

Decision rationale: The California MTUS guidelines as referenced have no indication regarding frequency. Therefore, ODG was reviewed and was found to have the related reference. There was total of 5 comprehensive urine drug panels done between May 2012 through May 2013 and as per the ODG, screening is only recommended 2 to 3 times a year. Therefore, the comprehensive drug panel collected on 05/08/2013 between 05/08/2013 and 05/31/2013 was not medically necessary and inappropriate