

Case Number:	CM13-0016171		
Date Assigned:	11/06/2013	Date of Injury:	12/21/1987
Decision Date:	02/03/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

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 Family Practice 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 54-year-old female who reported an injury on 12/21/1987 after a slip and fall. The patient was later diagnosed with reflex sympathetic dystrophy involving her left arm and underwent pain pump implantation in 1995. The patient developed significant weakness of the left lower extremity interfering with the patient's ability to ambulate. The patient was hospitalized and evaluated in July of 2013. However, etiology of the left leg weakness was undetermined. The patient was treated with physical therapy and continued use of the intrathecal pain pump. It was determined that the patient was medically stable and released from the hospital. The patient's medications at the time of discharge included Percocet 7.5 mg, Valium 5 mg, and Daypro 600 mg. The patient complained of left shoulder pain described as 3/10 to 4/10. Physical findings included range of motion described as 165 degrees in abduction, 30 degrees in adduction, 165 degrees in flexion, 25 degrees in extension, 50 degrees in internal rotation, and 70 degrees in external rotation. It was noted that the patient had a positive abduction sign at 90 degrees, a positive apprehension sign, and a mildly positive Dawbarn's response. The patient was diagnosed with resolving exacerbated status chronic left shoulder sprain complicated by suspected impingement and/or entrapment of the supraspinatus tendon, as well as a suspected tear in the labrum secondary to the patient's work-related injury. The patient's treatment plan included physical medicine and continued medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 blood chemistry lab and urinalysis drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and NSAIDs, Specific Drug List & Adverse Effects Page(s): s 43, 70.

Decision rationale: The Physician Reviewer's decision rationale: The California Medical Treatment Utilization Schedule recommends drug testing when there is suspicion of illicit drug use or noncompliance with the prescribed medication schedule. As the employee underwent a urine drug screen in 03/2013, an additional drug screen would not be supported unless there was documentation of suspicion of aberrant or nonadherent behavior. Additionally, California Medical Treatment Utilization Schedule recommends periodic lab monitoring of CBC and chemistry profiles when NSAIDs are part of the patient's prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence of the necessity for this type of routine testing during the time requested as there was no indication of medication usage for the requested. Clinical documentation does not support a change in the employee's physical presentation during the requested time period to indicate the need for further lab testing. The documentation submitted for review lacks evidence to support the need for this testing. The request for 1 blood chemistry lab and urinalysis drug screening are not medically necessary and appropriate.