

Case Number:	CM13-0028605		
Date Assigned:	11/27/2013	Date of Injury:	07/30/2010
Decision Date:	02/03/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 71 year old male who sustained a work-related injury on 07/30/2010. The clinical documentation provided indicated the patient had reached maximum medical improvement and that future medical care included medication, physical therapy, epidural steroid injections, and surgery as necessary. Physical examination revealed tenderness to palpation, limited range of motion, positive sciatic stretch test on the left, and a stable gait. The patient's diagnoses included lumbago, spondylosis, stenosis, and radiculopathy. Treatment plan included a request for authorization for future labs and urine POC drug screens every 3 months for 1 year to ensure that the patient could safely metabolize and excrete medications properly.

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 Page(s): 70.

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

Decision rationale: California MTUS indicates that the use of drug screening is for patients with documented issues of abuse, addiction, or poor pain control. There is no indication in the

clinical documentation provided that the patient is in a high risk category to warrant frequent urine drug screening. As such, the request cannot be validated. Therefore, the request for urine drug screen is non-certified.

Laboratory works (Complete Blood Count (CBC), Hepatic panel, Chem 8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: CA MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) for patients taking NSAIDs to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The clinical information submitted for review lacks documentation of the patient's specific medication list to warrant laboratory testing. As such, the request cannot be validated. Therefore, the request for laboratory work (CBC, hepatic panel, and Chem 8) is non-certified.