

Case Number:	CM13-0034650		
Date Assigned:	12/11/2013	Date of Injury:	04/04/2012
Decision Date:	01/16/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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:

47 yr. old female claimant who sustained a work injury on 4/4/12 that resulted in wrist, back and hip pain. She has received transforaminal epidural steroid injections, physical therapy and analgesics (including Norco, Gabapentin, Flexeril, Tramadol). Her diagnoses include: lumbar radiculopathy and hip bursitis. There has been no documentation of pain medication seeking behavior, abuse or malignant behavior. In April 2013 she had a negative urine drug screen panel as well as a normal urine creatinine. A request on 7/18/13 was made for a CBC, renal and liver functions tests while the patient is on oral medications (Norco/Ambien). On 8/14/13 her urine ph, creatinine and urine drug screen were unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med panel QTY: 10: 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 Page(s): 11-12.

Decision rationale: In this case the beneficiary has been on Norco (which contains acetaminophen) for a prolonged period. According to the MTUS guidelines, there is a risk of

hepatotoxicity when it is used in maximum doses. Renal insufficiency occurs in 1-2% of patients with overdose. In this case, the beneficiary has not been on high dose Norco (containing acetaminophen 325 mg as needed). Concern of toxicity occurs when it exceeds 4000 mg /day. There is also no indication of high dose NSAID use requiring routine renal, liver and hemogram panels. As a result the Med Panel is not medically necessary.

Creatinine, other source QTY:1: Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, there are no specific details outline urine creatinine; however, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The ODG guidelines on Urine Toxicology screening state the following: Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder (4) If aberrant behavior or misuse is suspected and/or detected. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Based on the above references and clinical history a urine toxicology screen is not medically necessary, the claimant has had a recent normal urine creatinine in Aug 2013 and therefore a urine creatinine is not medically necessary.

pH; body fluid not otherwise specified QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug screening.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, there are no specific details outline urine / body ph; however, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the clinical history a urine toxicology screen is not medically necessary, the claimant has had a recent normal urine pH in Aug 2013 and therefore a urine pH is not medically necessary.

Spectrophotometry, analyte not elsewhere specified: 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 Opioids Page(s): 83-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug screening.

Decision rationale: Spectrophotometry is used to determine concentrations of compounds in solution - in this case urine. As outlined in the prior analysis above, urine drug testing and screening is not medically necessary ; therefore, spectrophotometry is not medically necessary.