

Case Number:	CM13-0035083		
Date Assigned:	12/13/2013	Date of Injury:	01/01/1999
Decision Date:	01/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management and is licensed to practice in California. He 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 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 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:

You have a date of injury of March 14, 2001 and as of September 16, 2013 you continue to complain of a lot of pain in the neck and upper extremities, described as all the same. Our reviewer found that you indicate that medicines are the "only thing that helps." Relevant objective findings consisted of 4mm two point discrimination, with diminished hand flexion and weakness of grips, diminished hand extension weakly, positive Tinel's and Durkan's sign, and thenar atrophy right is greater than the left. Diagnoses include C5-6 2mm protrusion, left shoulder impingement status post left carpal tunnel release by [REDACTED] on November 3, 2013 and right carpal tunnel syndrome. At issue the a prospective request for a prescription for 1 urine toxicology testing and I liver function lab test which was denied for lack of medical necessity

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology test: Overturned

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 Urine drug screening Page(s): 43,83.

Decision rationale: The Physician Reviewer's decision rationale: According to CA-MTUS (effective July 18, 2009) page 43, urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. Also, page 85 of MTUS states "urine drug screening is also used in Chelminski multi-disciplinary pain management program criteria: (Chelminski, 2005) Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed". CA-MTUS recommended frequent random urine toxicology screens as one of the steps to be taken in order to avoid opiate misuse/abuse. Therefore the request for 1 Urine Toxicology Test was medically necessary.

Liver Function test: Overturned

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 NSAIDs Page(s): 72.

Decision rationale: The Physician Reviewer's decision rationale: CA-MTUS (effective July 18, 2009) page 72, section on NSAID, Ketoprofen 50, 75 mg, Ketoprofen ER 200 mg: Dosing: Osteoarthritis: Regular release capsule 50mg four times per day or 75mg three times per day (max 300mg/day). XR capsule 200mg, once daily. Mild to moderate pain: Regular release capsule 50mg every 6 to 8 hours (Max 300mg/day). Ketoprofen has been linked to a low rate of serum enzyme elevations during therapy and to rare instances of clinically apparent acute liver injury. Therefore liver function test is medically necessary.