

Case Number:	CM13-0036897		
Date Assigned:	12/13/2013	Date of Injury:	08/05/2009
Decision Date:	04/29/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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 expert 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 55-year-old male who was injured on August 5, 2009. The patient continued to experience pain in the upper back, middle back, lower back, arms and legs. The physical examination was unremarkable. The diagnoses included L4-5 global fusion, low back pain, radiculopathy thoracic or lumbosacral, facet arthropathy, and degenerative disc disease of the lumbar spine. The treatment included medications, Avinza, gabapentin, Nortriptyline, and hydrocodone/acetaminophen. The requests for authorization are for urinalysis, TSII, acetaminophen level, hydrocodone level, hydromorphone level, EIA 9, and serum morphine level were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urinalysis is the diagnosis of kidney disease (www.uptodate.com).

Decision rationale: The evidence-based medical treatment guideline indicates that a urinalysis is indicated in patients with evidence of kidney disease, patients with suspected kidney disease, patients with known or suspected kidney stones, or patients with suspected infection. In this case the patient had no genitourinary complaints on the review of systems. Medical necessity has not established. The request should not be authorized.

TSII: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Laboratory Assessment of thyroid function (www.uptodate.com).

Decision rationale: TSII likely refers to TSH level, which performed with the remaining tests requested. TSH is the thyroid stimulating hormone. The evidence-based medical treatment guideline states that TSII is indicated as a screening test for thyroid disease, to monitor Thyroxine therapy, or to monitor thyroid disease. The patient in this case was not on thyroid medication. He did not have any symptoms of thyroid disease, such as weight loss, thyroidmegaly, heat intolerance or cold intolerance. Medical necessity has not established. The request should not be authorized.

ACETAMINOPHEN SERUM LEVEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acetaminophen poisoning in adults: Pathophysiology, presentation, and diagnosis (www.uptodate.com).

Decision rationale: The evidence-based medical treatment guideline indicates that acetaminophen levels are indicated when there is suspicion of acetaminophen overdose. There is no suspicion that the patient had overdosed on this medication. Medical necessity has not established. The request should not be authorized.

HYDROCODONE SERUM LEVEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Screening for unhealthy use of alcohol and other drugs (www.uptodate.com).

Decision rationale: Hydrocodone is an opioid drug. The evidence-based medical treatment guideline indicates that laboratory testing is not useful when screening for drug use. Routine tests generally detect only recent use. A urine drug test can be useful for assessing risk and monitoring patients with chronic pain treated with opioids. There is no indication for serum testing for opioids in this patient. Urine drug screening is appropriate. Medical necessity has not established. The request should not be authorized.

HYDROMORPHONE SERUM LEVEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Screening for unhealthy use of alcohol and other drugs (www.uptodate.com).

Decision rationale: Hydromorphone is an opioid drug. The evidence-based medical treatment guideline indicates that laboratory testing is not useful when screening for drug use. Routine tests generally detect only recent use. A urine drug test can be useful for assessing risk and monitoring patients with chronic pain treated with opioids. There is no indication for serum testing for opioids in this patient. Urine drug screening is appropriate. Medical necessity has not established. The request should not be authorized.

ENZYME IMMUNOASSAY (EIA) #9: 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 Pain Interventions Page(s): 78. Decision based on Non-MTUS Citation (ODG) Pain, Urine Drug testing.

Decision rationale: The enzyme immunoassay (EIA) 9 is a urine drug test that tests for amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, opiates, phencyclidine, and propoxyphene. The Chronic Pain Medical Treatment Guidelines indicate that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. The Official Disability Guidelines criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within six (6) months of initiation of therapy and yearly thereafter. Those patients at moderate risk for addiction/aberrant behavior should undergo testing two to three (2-3) times per year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient was not exhibiting aberrant behavior and yearly testing is recommended. The patient had previous urine drug test in May 2013 and would not need another test until May 2014. Medical necessity has not established. The test should not be authorized.

MORPHINE SERUM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Screening for unhealthy use of alcohol and other drugs (www.uptodate.com).

Decision rationale: Morphine is an opioid drug. The evidence-based medical treatment guideline indicates that laboratory testing is not useful when screening for drug use. Routine tests generally detect only recent use. A urine drug test can be useful for assessing risk and monitoring patients with chronic pain treated with opioids. There is no indication for serum testing for opioids in this patient. Urine drug screening is appropriate. Medical necessity has not established. The request should not be authorized.