

Case Number:	CM13-0044594		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2012
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 66-year-old female who reported an injury on 03/08/2012. The mechanism of injury was noted to be a slip and fall. Her diagnoses include right-sided pelvic fracture involving the right superior pubic ramus and acetabulum, nondisplaced and healed; non-radicular low back pain; and bilateral carpal tunnel syndrome. Her medications are noted to include Cymbalta, Vicodin, Advil, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine point of contact drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, use of drug screening may be recommended with documentation of issues of abuse, addiction, or poor pain control. The clinical information submitted for review fails to indicate whether the patient has any issues of abuse, addiction, or poor pain control. More over, a screening tool was used at her 08/27/2013 appointment and she received a score of 0, which predicted no risk of alcohol/prescription drug

misuse. Therefore, the request for a urine drug screen is not supported by guidelines. As such, the request is non-certified.

Quarterly labs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, routine labs are recommended for patients taking NSAID medications, usually consisting of a CBC and chemistry panel. The clinical information submitted for review indicates the patient takes ibuprofen on occasion. However, the specific labs being requested were not stated. With the absence of details regarding the request and details regarding the patient's use of NSAID medications, the request is not supported. As such, the request is non-certified.