

Case Number:	CM13-0046018		
Date Assigned:	12/27/2013	Date of Injury:	03/26/2011
Decision Date:	03/27/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 48-year-old male who reported a work-related injury on 03/26/2011. The mechanism of injury was not specifically stated. The clinical notes show evidence that the patient utilizes Norco 5/325, Prilosec, NSAIDs, Lidopro cream, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Panel times ten (10) urine drug screen; protein, total, 24-hour urine with creatinine; pH, body fluid; confirmatory test, urine screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (last updated 06/07/2013).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and NSAIDs, specific drug list & adverse effects Page(s): 43, 70.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports that the patient presents for treatment of the following diagnoses: right sacroilitis, right greater trochanter bursitis, and L5-S1 herniated nucleus pulposus (HNP). The clinical notes document that the patient utilizes Norco, Prilosec, Lidopro cream, Zanaflex, and naproxen. The current request is excessive in nature, as it is unclear when the patient last

underwent a urine drug screening, the results of testing, and the specific rationale for a 24-hour urine with creatinine, pH, body fluid, confirmatory test, urine screen, and protein total. While assessment of drug screening is supported by the Chronic Pain Guidelines, due to evaluating patient compliance with utilization of opioids, the current request is not supported without documentation evidencing when the patient last underwent the requested diagnostic studies. As such, given the above, the request for Med Panel times ten (10) urine drug screen, protein, total, 24-hour urine with creatinine, pH, body fluid, confirmatory test, urine screen is not medically necessary or appropriate