

Case Number:	CM13-0052670		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2008
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 39-year-old male who reported an injury on 10/01/2008. The mechanism of injury was not stated. The patient is currently diagnosed with facet arthropathy, chronic pain, cervicgia, pain disorders related to psychological factors, lumbar spine fusion, suicidal ideation, sleep apnea, lumbosacral spondylosis, anxiety, pain in a joint involving the shoulder region, failed back surgery syndrome, lumbar degenerative disc disease, insomnia, depression, myalgia and myositis, low back pain, hypotestosteronemia, and thoracic or lumbosacral radiculopathy. The patient was seen by [REDACTED] on 10/29/2013. The patient reported lower back pain with radiation to bilateral lower extremities. Physical examination revealed intact sensation with no motor weakness and normal coordination. Treatment recommendations at that time included multiple laboratory studies and a urinalysis as well as continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABS-ACETAMINOPHEN, AMITRIPTYLINE, CBC WITH DIFF, CHEM 19, EIA9, FREE TESTOSTERONE, HYDROCODONE, TSH, AND URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89 and 70,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 5 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no indication that this patient falls under a high risk category that would require frequency monitoring. Therefore, the current request cannot be determined as medically appropriate. Additionally, California MTUS Guidelines recognize the risk for liver or kidney problems due to long-term and high dose of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy with repeat testing is based on risk factors and related symptoms. The patient does not exhibit any signs or symptoms to suggest an abnormality. Therefore, the medical necessity for repeat laboratory testing has not been established. As such, the request is non-certified. Disclaimer: