

Case Number:	CM13-0052867		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2012
Decision Date:	03/14/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a subspecialty in Interventional Spine 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 30 year old female with a date of injury of 09/21/12. The listed diagnoses per [REDACTED] dated 10/21/2012 are joint pain-left leg, lumbar herniated nucleus pulposus, low back syndrome, sprain of knee & leg, sacroiliac ligament sprain/strain and lumbar myofascial sprain/strain. According to report dated 10/21/2013 by [REDACTED], the patient presents with continued low back pain. Pain level was noted as 10/10. The report states patient was seen by [REDACTED] who recommended right SI joint injections and physical therapy for his back and right knee. The patient's current medication regimen includes Tramadol, Levothyroxine and Prilosec report notes that patient was administered a urine test which "shows consistent findings, presence of tramadol, which is expected."

IMR ISSUES, DECISIONS AND RATIONALES

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

6 panel sessions, urinary drug screen for barbituates: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

Decision rationale: This patient presents with continued low back pain. The provider requests a 6 panel UA for barbituates. The utilization review dated 11/05/2013 denied request stating "the 6 panel screening is not all recommended as part of a standard UDS." While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 10/21/2013 and 09/23/2013. The review of the reports does not show that there is a reason to believe this patient is a high risk patient warranting such frequent testing. In addition, the provider does not discuss reasoning as to why an elaborate UDS of barbituates are needed when the patient's medication regimen only includes Tramadol, Levothyroxine and Prilosec. The request 6 panel Urinalysis for barbituates is not medically necessary and recommendation is for denial.

Quantitation of drug #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with continued low back pain. The provider requests a quantitation of drug. The utilization review dated 11/05/2013 denied request stating "the 6 panel screening is not all recommended as part of a standard UDS." While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 10/21/2013 and 09/23/2013. The review of the reports does not show that there is a reason to believe this patient is a high risk patient warranting such frequent testing. In addition, the provider does not discuss reasoning as to why an elaborate UDS of barbituates are needed when the patient's medication regimen only includes Tramadol, Levothyroxine and Prilosec. The request for quantitation of drug is not medically necessary and recommendation is for denial.

Meprobamate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with continued low back pain. The provider requests a Meprobamate. The utilization review dated 11/05/2013 denied request stating "the 6 panel screening is not all recommended as part of a standard UDS." While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 10/21/2013 and 09/23/2013. The review of the reports does not show that there is a reason to believe this patient is a high risk patient warranting such frequent testing. In addition, the provider does not discuss reasoning as to why an elaborate UDS of barbituates are needed when the patient's medication regimen only includes Tramadol, Levothyroxine and Prilosec. The request Meprobamate is not medically necessary and recommendation is for denial.

Benzodiazepines: 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 Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with continued low back pain. The provider requests Benzodiazepines. The utilization review dated 11/05/2013 denied request stating "the 6 panel screening is not all recommended as part of a standard UDS." While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 10/21/2013 and 09/23/2013. The review of the reports does not show that there is a reason to believe this patient is a high risk patient warranting such frequent testing. In addition, the provider does not discuss reasoning as to why an elaborate UDS of barbituates are needed when the patient's medication regimen only includes Tramadol, Levothyroxine and Prilosec. The request Benzodiazepines is not medically necessary and recommendation is for denial.

Column chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with continued low back pain. The provider requests a column chromatography. The utilization review dated 11/05/2013 denied request stating "the 6 panel screening is not all recommended as part of a standard UDS." While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 10/21/2013 and 09/23/2013. The review of the reports does not show that there is a reason to believe this patient is a high risk patient warranting such frequent testing. In addition, the provider does not discuss reasoning as to why an elaborate UDS of barbituates are needed when the patient's medication regimen only includes Tramadol, Levothyroxine and Prilosec. The request column chromatography is not medically necessary and recommendation is for denial.

Column chromatography, quantity of 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with continued low back pain. The provider requests a column chromatography, quantity of 3. The utilization review dated 11/05/2013 denied request stating "the 6 panel screening is not all recommended as part of a standard UDS." While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 10/21/2013 and 09/23/2013. The review of the reports does not show that there is a reason to believe this patient is a high risk patient warranting such frequent testing. In addition, the provider does not discuss reasoning as to why an elaborate UDS of barbituates are needed when the patient's medication regimen only includes Tramadol, Levothyroxine and Prilosec. The request column chromatography, quantity of 3 is not medically necessary and recommendation is for denial.

Drug confirmation, quantity of 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with continued low back pain. The provider requests a drug confirmation. The utilization review dated 11/05/2013 denied request stating "the 6 panel screening is not all recommended as part of a standard UDS." While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 10/21/2013 and 09/23/2013. The review of the reports does not show that there is a reason to believe this patient is a high risk patient warranting such frequent testing. In addition, the provider does not discuss reasoning as to why an elaborate UDS of barbituates are needed when the patient's medication regimen only includes Tramadol, Levothyroxine and Prilosec. The request drug confirmation is not medically necessary and recommendation is for denial.

Methadone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with continued low back pain. The provider requests Methadone. The utilization review dated 11/05/2013 denied request stating "the 6 panel screening is not all recommended as part of a standard UDS." While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 10/21/2013 and 09/23/2013. The review of the reports does not show that there is a reason to believe this patient is a high risk patient warranting such frequent testing. In addition, the provider does not discuss reasoning as to why an elaborate UDS of barbituates are needed when the patient's medication regimen only includes Tramadol, Levothyroxine and Prilosec. The request Methadone is not medically necessary and recommendation is for denial.

Opiates:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with continued low back pain. The utilization review dated 11/05/2013 denied request stating "the 6 panel screening is not all recommended as part of a standard UDS." While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 10/21/2013 and 09/23/2013. The review of the reports does not show that there is a reason to believe this patient is a high risk patient warranting such frequent testing. In addition, the provider does not discuss reasoning as to why an elaborate UDS of barbituates are needed when the patient's medication regimen only includes Tramadol, Levothyroxine and Prilosec. The request for opiates is not medically necessary and recommendation is for denial.

Chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This patient presents with continued low back pain. The utilization review dated 11/05/2013 denied request stating "the 6 panel screening is not all recommended as part of a standard UDS." While MTUS guidelines do not specifically address how frequent UDS's should be obtained for various risk opiate users, ODG provides a clearer guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this patient, there were already two screens that were negative on 10/21/2013 and 09/23/2013. The review of the reports does not show that there is a reason to believe this patient is a high risk patient warranting such frequent testing. In addition, the provider does not discuss reasoning as to why an elaborate UDS of barbituates are needed when the patient's medication regimen only includes Tramadol, Levothyroxine and Prilosec. The request chromatography is not medically necessary and recommendation is for denial.