MAXIMUS Federal Services

Case Number:	CM13-0061332		
Date Assigned:	06/09/2014	Date of Injury:	08/13/1987
Decision Date:	08/29/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/04/2013

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 Internal Medicine, Pulmonary Diseases 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 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 injured worker is a 68-year-old male who reported an injury on 08/13/1987. The mechanism of injury was not specifically stated. Current diagnoses include status post failed lumbar fusion at L4-5, lumbago, lumbar spine radiculopathy and lumbar spine stenosis at L2-3. The injured worker was evaluated on 05/05/2014 with complaints of 8/10 lower back pain with tingling and weakness in the right lower extremity. Physical examination revealed an antalgic gait, limited lumbar range of motion, spasm and mildly positive paraspinal tenderness to percussion over the old surgical site. Treatment recommendations included a urine point of contact test, laboratory studies and continuation of the current medication regimen, including Celebrex 200 mg and omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LABS TO INCLUDE CHEM 8, HEPATIC FUNCTION PANEL, CPK, ARTHRITIS PANEL, CBC: 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 Page 70 Page(s): 70.

Decision rationale: The California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Repeat testing should be based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity for the requested laboratory studies has not been established. As such, the request is non-certified.

1 URINE DRUG TEST: 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 Page 43, 77 and 89 Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no mention of noncompliance or misuse of medications. There was also no indication that this injured worker falls under a high risk category that would require frequent monitoring. The medical necessity has not been established. As such, the request is not medically necessary.