

Case Number:	CM13-0063137		
Date Assigned:	12/30/2013	Date of Injury:	12/09/2005
Decision Date:	05/06/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, depression, hypertension, reflux, and dyslipidemia reportedly associated with an industrial injury of December 9, 2005. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; psychotropic medications; blood pressure lowering medications; transfer of care to and from various providers in various specialties; and cholesterol lowering medications. In a Utilization Review Report of November 20, 2013, the claims administrator partially certified a urine toxicology screen and denied a blood pressure monitor. The applicant's attorney subsequently appealed. Several blood pressure lowering medications and cholesterol lowering medications were approved. The claims administrator wrote that there is no reference to consistent uncontrolled blood pressure which would support provision of a blood pressure monitor. Medicare Guidelines which obliquely address the request of blood pressure monitor were cited. In a clinical progress note of October 16, 2013, the applicant was described as having lost 10 pounds. Her hypertension was reportedly controlled with medications. She stated that her reflux is asymptomatic with Nexium. The applicant was apparently in the emergency department with an isolated hypertensive episode with blood pressure of 298/156. The applicant's current blood pressure, however, was 140/82. Benazepril, Nexium, Lovaza, Vitamin D, and a blood pressure monitor were endorsed, along with a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, updated 10/4/13, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug test and/or drug panel he intends to test for along with the request for authorization for testing and should also state when the last time an applicant was tested. An attending provider should also attach the applicant's complete medication list to the request for authorization for testing, ODG further notes. In this case, however, neither the applicant's complete medication list nor the applicant's complete profile was attached to the request for drug testing. The attending provider did not state which drug testing he intended to test for. Several ODG criteria for pursuit of drug testing have not seemingly been met. Therefore, the request is not certified.

BLOOD PRESSURE MONITOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation medicaremd.com/coverage_noncovered_equipment.asp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, US Department of Health and Human Services and nhlbi.nih.gov Guidelines

Decision rationale: The MTUS does not address the topic. As noted by the Joint National Committee (JNC) Seventh Report on prevention, detection, evaluation, and treatment of high blood pressure, ambulatory blood pressure monitoring (ABPM) is warranted for evaluation of white-coat hypertension and is also helpful to assess individuals with apparent drug resistance, hypotensive symptoms with antihypertensive medications, episodic hypertension, and/or autonomic dysfunction. In this case, however, there is no evidence that the applicant has white-coat hypertension, drug resistant hypertension, hypotensive symptoms, episodic hypertension, or autonomic dysfunction. No clear rationale for usage of the blood pressure monitor in question was provided. Therefore, the request remains not certified, on Independent Medical Review.

