

Case Number:	CM13-0071259		
Date Assigned:	01/08/2014	Date of Injury:	09/10/1993
Decision Date:	05/29/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, and is licensed to practice in 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 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 51 year old male who was injured on 12/5/2013. The diagnoses listed are brachial plexus neuritis / neuropathy, migraine headache, neck pain and upper extremity pain. The patient had completed physical therapy treatments. The provider [REDACTED] documented a 70% decrease in pain with the use of medications. The medications listed are Norco 10/325mg #7/day, Zonegren 100mg #6 at night, Zanaflex 4mg 12 tablets / day for pain and headache. A urine drug screen dated 11/24/2013 was positive for opiates. A Utilization Review decision was rendered on 12/5/2013 recommending non certification of laboratory testing for drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRUG LABORATORY TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-80.

Decision rationale: The MTUS Chronic Pain Guidelines address the use of laboratory testing for compliance monitoring during chronic opioid treatment. It is recommended that laboratory

testing of drugs be used to screen for aberrant drug-related behaviors, substance abuse, addiction and non compliance with opioids medication treatment. The urine drug screen dated 11/24/2013 was consistent with opioid medications. There is no documentation within the medical records provided for review of high risk or aberrant drugs behaviors. The request is not medically necessary and appropriate.