

Case Number:	CM14-0008003		
Date Assigned:	02/18/2014	Date of Injury:	12/10/2011
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/17/2014

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 Family 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 patient is a 26-year-old male who has submitted a claim for fracture of the pelvis and left wrist, and lumbar sprain associated with an industrial injury date of December 10, 2011. Medical records from 2013 were reviewed, the latest of which, dated October 29, 2013, revealed that the patient complains of pain at leg, left wrist, right pelvis and back. Since the injury, he noted weakness in the left upper extremity, and has a limp. Because of the pain, he awakens at least 2 times a night. He does not get restful sleep. He has not returned to work. On physical examination, there is decreased range of motion of the left wrist in dorsiflexion to approximately 60 degrees, while full range of motion on the right wrist. He has 90% range of motion of the left hip. There is noted right gluteal pain and spasm. On examination of the lumbar spine, there is decreased range of motion in extension to approximately 10 degrees, flexion to approximately 70 degrees, bilateral lateral bending to approximately 20 degrees, and rotation to approximately 30 degrees. Treatment to date has included ORIF with percutaneous pin fixation left wrist and right pelvis (12/12/11), TENS, and medications which include naproxen and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PANEL TEST: AMPHETAMINES, BARBITURATES, BENZODIAZEPINES, COCAINE, ECSTASY, MARIJUANA, METHADONE, METHAMPHETINE, OPIATES, OXYCODONE, PHENCYCLIDINE, AND TRI-CYCLIC ANTIDEPRESSANTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 77-80 AND 94

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under on-going opioid treatment. Also, stated in CA MTUS ACOEM Guidelines, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed for cause (e.g., provider suspicion of substance misuse). Official Disability Guidelines states that patients at low risk of addiction or aberrant behavior should be tested on a yearly basis. In this case, the patient has been on tramadol since February 2013. Urine drug screening was done last May 17, 2013 but the results were not disclosed in the documents submitted. Also, there is no discussion of the patient having a high risk for aberrant drug use behavior that will necessitate frequent drug monitoring. Therefore, the request for 12 drug panel test is not medically necessary.