

Case Number:	CM14-0119928		
Date Assigned:	08/06/2014	Date of Injury:	04/29/2003
Decision Date:	10/01/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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 Internal 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 58 year old male who was injured on 04/29/2003. The mechanism of injury is unknown. Prior medication history included Hydrocodone and Trazodone. Progress report dated 06/20/2014 states the patient complained of increasing back pain after sitting for prolonged periods of time. On exam, the patient has a fistula in the left arm and chest shunt removed as the patient is on dialysis. The patient is diagnosed with chronic back pain with radicular symptoms, sciatica, degenerative lumbar disease and lumbar neuritis. The patient is recommended for 12 panel tests. Prior utilization review dated 07/09/2014 states the retrospective request for 12 Panel Tests is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 12 Panel Tests: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing; Other Medical Treatment Guideline or Medical Evidence: <http://www.drugtestsuccess.com/drug-tests/12-panel-drug-test-doa-1124-011t>

Decision rationale: The guidelines recommend urine drug screening for patients on chronic opioid therapy or as a screening option for substance abuse. The clinical documents state the patient is on Norco therapy. However, it is unclear how long the patient has been on opioids. It is unknown if there has been any history of aberrant behavior or other substance abuse. The documents did not discuss if a previous urine test had been performed or if a pain contract was in place. Based on the guidelines and criteria as well as the clinical documentation stated above, the retrospective request is not medically necessary.