

Case Number:	CM14-0034826		
Date Assigned:	06/20/2014	Date of Injury:	10/18/1993
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Alabama. 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 67 year old male who was injured on 10/18/1993. The mechanism of injury is unknown. Prior medication history as of 02/25/2014 included Norco 10/325 mg, Prilosec 20 mg, and Restoril 30 mg. Diagnostic studies reviewed include pelvis x-rays dated 01/06/2014 revealed femoral head evaluated for short leg showing elevation of the left femoral head. Progress report dated 01/28/2014, the patient presented complaining of neck pain with radiation down the left arm to the hand rated as 7/10. He has ongoing left shoulder pain rated as 6/10 and ongoing low back pain with radiation down the left leg to the dorsal foot, rated as 6/10 and right ankle and foot pain, rated as 8-9/10. here is no exam for review. Diagnoses are 1) Status post left knee arthroscopic patellofemoral chondroplasty and lateral release with medial meniscectomy. 2) Status post right shoulder arthroscopy, non industrial. 3) Right ankle arthropathy. 4) L3 through S1 facet arthropathy. 5) C7-T1 stenosis. 6) Left upper extremity neuropathy. 7) Lumbar stenosis L3-S1, with radiculopathy L4-S1 dermatome and 8) Status post C4-7 fusion. The note dated 11/12/2013, it is noted on exam that the patient had no evidence of tenderness or spasms of the paracervical muscles or spinous processes. He had decreased sensation over the left C5 and C6 dermatome distribution. Prior utilization review dated 02/25/2014 states the request for Retrospective (DOS: 01/30/14) Urine toxicology review, urine toxicology testing and urine toxicology review was not authorized as the necessity for a separate urine toxicology 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 (DOS: 01/30/14) Urine toxicology review: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Procedure Summary last updated 01/07/2014 Evaluation and Management.

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

Decision rationale: The California MTUS and Official Disability Guidelines recommend the use of a retrospective/prospective urine toxicology testing should be used as an option to assess for the use or presence of illegal drugs. In addition, this may be used to ensure compliance with the medication for patients at higher risk. The medical records document that the patient has been compliant with medications in the past. Further, the documents show no additional evidence to suggest that the patient is at risk for medication abuse or that there has been noncompliance. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Urine toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Procedure Summary Urine Drug Testing (UDT).

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

Decision rationale: The California MTUS and Official Disability Guidelines recommend the use of a prospective urine toxicology test should be used as an option to assess for the use or presence of illegal drugs. In addition, this may be used to ensure compliance with the medication for patients at higher risk. The medical records document that the patient has been compliant with medications in the past. Further, the documents show no additional evidence to suggest that the patient is at risk for medication abuse or that there has been noncompliance. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Urine toxicology review: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Procedure Summary last updated 01/07/2014 Evaluation and Management.

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

Decision rationale: The California MTUS and Official Disability Guidelines recommend the use of a urine toxicology test should be used as an option to assess for the use or presence of illegal drugs. In addition, this may be used to ensure compliance with the medication for patients at higher risk. The medical records document that the patient has been compliant with medications in the past. Further, the documents show no additional evidence to suggest that the patient is at risk for medication abuse or that there has been noncompliance. The Urine toxicology test should be a part of the analysis, and medical necessity for a separate urine toxicology review is not evident for this patient. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.