

Case Number:	CM14-0046085		
Date Assigned:	06/20/2014	Date of Injury:	10/22/2003
Decision Date:	07/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 claimant was injured on 10/22/03. He has chronic low back pain that radiates to his right foot. He was also treated for an injury to his ankle and foot after a fall from a ladder. He has been treated with opioids. He reports improvement with the use of medication. No urine drug screening was performed in 2014. Serum drug screening was recommended for hydrocodone, ibuprofen, and acetaminophen. He saw [REDACTED] on 06/01/13. He had fallen 25 feet and had neurological injuries and had also injured his face and teeth. He had pain in more than 5 joints. He also had multiple psychiatric symptoms. He documented depression on multiple visits. He had stopped taking the Cymbalta. His medications included aspirin, ibuprofen, venlafaxine, hydrochlorothiazide, Norco, and Lotensin. A drug screen was done on 08/20/13. It was positive for hydrocodone and oxycodone but negative for acetaminophen and ibuprofen. On 06/09/14, he was evaluated and reported worsening pain. He remained on the same medications. A urine drug screen was ordered. There is no mention of indications for serum drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone serum, Ibuprofen serum, Acetaminophen and EIA 9 urine drug screen test, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Page 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for hydrocodone serum, ibuprofen serum, acetaminophen, and EIA 9 drug screen test. Typically urine drug tests are used to identify drugs of abuse. The specific indication for these tests is unclear. The MTUS do not support the use of serum for drug testing and state "drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." There is no indication of noncompliance or suspicion of illegal drug use. The medical necessity of this request has not been clearly demonstrated.