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| Case Number: | CM14-0061862 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 11/17/2011 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 04/08/2014 |
| Priority: | Standard | Application Received: | 05/02/2014 |

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 Practice, has a subspecialty in Preventative 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:

This 54 year old male claimant sustained a work injury on 11/17/11 involving the neck and right shoulder. He had a cervical spine fracture and became a C3-C4 quadriplegic. He underwent a spinal fusion of that region. A progress note from the primary physician on 3/31/14 indicated the claimant had 6/10 neck pain. He had been on Opioids and NSAIDs. He had reduced bladder sensation, severe constipation, sexual dysfunction and muscle weakness. Exam findings were notable for reduced range of motion of the right shoulder and tenderness in the right trapezial region. He was requested to follow-up with [REDACTED], obtain a urine drug screen due to being on Norco and obtain a lab panel. He had seen [REDACTED] (internal medicine/pulmonologist) on 3/20/14 which indicated ordering similar tests as the primary doctor has. There was a request for a re-evaluation for unspecified reasons. A urinalysis and Complete Blood Count (CBC) were unremarkable on 3/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers compensation Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The request is not medically necessary and appropriate.

Labs: CBC, Chem panel, Serum Testosterone level, total and direct: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org> Comprehensive Metabolic Panel

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Opioids Page(s): 67, 82-92.

Decision rationale: According to the MTUS guidelines, chronic opioid use can reduce testosterone levels. Chronic use may require monitoring of liver function tests. Those using NSAIDs with risk of renal disease must use them with caution and monitoring of the renal function may be necessary. In this case, the claimant had sexual dysfunction, weakness and bladder complaints. He had been on opioids chronically. The request for the lab panel is reasonable and medically necessary.

Follow up with a doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Pain Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist referral. ; Official Disability Guidelines (ODG) Office Visits

Decision rationale: According to the ODG guidelines, office visits are recommended as necessary. In this case, the claimant had been seeing a primary physician and an internist. There was no indication that the internist was offering additional diagnostic and interventional expertise beyond the primary physician. According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. There is no indication of need for any other complex issues that requires additional follow-up with an

internist that can't be provided by the primary physician. The request is not medically necessary and appropriate.