

Case Number:	CM14-0069133		
Date Assigned:	09/23/2014	Date of Injury:	09/25/1997
Decision Date:	10/24/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 71-year-old male who reported an injury on 09/25/1997. The mechanism of injury was not provided. The injured worker's diagnoses included left shoulder impingement syndrome, left wrist strain, lumbar spine discopathy, and status post right knee arthroscopic surgery. The injured worker's past treatments included home exercise program, compression socks, Synvisc injection and medication. There were no pertinent diagnostic tests included. The injured worker's surgical history included a right knee arthroscopic surgery. On 01/23/2014, the injured worker complained of left shoulder pain that occurred intermittently and that his left wrist pain has increased. The patient reported low back pain with bilateral lower extremity radiculopathy symptoms, left side greater than the right. Upon physical examination, the injured worker was noted with positive effusion of the right knee, and flexion contracture was noted. The injured worker's medications included glucosamine, chondroitin, and Relafen, 750 mg. The request was for a retrospective immunoassay and enzyme assay. The rationale for the request was not provided. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Immunoassay, Enzyme Assay (DOS 2/22/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids; on-going management Page(s): 43,78.

Decision rationale: The MTUS Chronic Pain Guidelines may recommend drug testing as an option, using urine drug screen to assess for the use or the presence of illegal drugs. Urine toxicology screenings are relevant for ongoing monitoring of chronic pain patients on opioids, for the occurrence of any potentially aberrant drug related behaviors. The injured worker was noted to be using glucosamine chondroitin and Relafen 750 mg. There was no documentation of opioid use. The documentation did not provide any evidence of suspicion of illegal drug use. In the absence of documentation with sufficient evidence of opioid therapy, suspicion of illegal drug use or plans to initiate opioid therapy, the request is not supported at this time. Therefore, the request is not medically necessary.