

Case Number:	CM14-0091843		
Date Assigned:	07/25/2014	Date of Injury:	01/28/2003
Decision Date:	09/30/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/17/2014

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 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 injured worker is a 53 year old female who sustained an injury on 01/28/03 while driving. The injured worker reported feeling a sudden pop in the groin area followed by numbness in the entire right lower extremity. The injured worker was assessed with lumbosacral radiculopathy as well as lumbar degenerative disc disease. The injured worker is noted to have had prior inconsistent urine drug screen results in 2014 for the presence of THC. The injured worker was evaluated on 05/22/14 with continuing complaints of pain in the right groin, hip and buttock. The injured worker reported very minimal improvement with medications to include Norco, Soma, Trazodone, amitriptyline, lorazepam and citalopram. The injured worker's physical examination noted limited range of motion in the lumbar spine with positive Faber's sign and right groin tenderness. There was also tenderness to palpation over the right greater trochanter. No motor weakness was identified. MRI studies of the lumbar spine were noted to be pending. The injured worker was recommended to finish utilizing Soma and was continued on Norco. The requested laboratory testing as well as serum drug testing for hydrocodone, Soma, amitriptyline, trazodone were all denied by utilization review on 06/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gamma-Glutamyl transferase test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://emedicine.medscape.com/article/2087891-overview#aw2aab6b3>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

Decision rationale: In regards to the laboratory test requested, this reviewer would not have recommended this type of test as medically necessary. There was no clear indication from the clinical reports available for review regarding this test. It is unclear how this test would provide any further information to help delineate the injured worker's treatment. It is noted that the injured worker did have recent laboratory results which were unremarkable for any significant findings. Given the lack of any specific rationale for the use of this type of testing, this request is not medically necessary.

Serum Hydrocodone and Metabolite: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://emedicine.medscape.com/article/2087891-overview#aw2aab6b3>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: In regards to the request for serum testing for hydrocodone, this reviewer would not have recommended this request as medically necessary. Prior urine drug screens had been performed on this injured worker and there is no indication of why urine drug screens for this injured worker could not be continued. Serum blood drug testing is not as efficient or selective as urine drug testing as there are many metabolites from medications that do not remain in circulation. Without any clear indication regarding the use of serum blood testing for drug metabolites over urine drug testing which would be considered standard of care, this request is not medically necessary.

Serum Carisoprodol, Amitriptyline, and Trazodone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://emedicine.medscape.com/article/2087891-overview#aw2aab6b3>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: In regards to the request for serum testing for Carisoprodol, Amitriptyline, and Trazodone, this reviewer would not have recommended this request as medically necessary. Prior urine drug screens had been performed on this injured worker and there is no indication of why urine drug screens for this injured worker could not be continued. Serum blood drug testing is not as efficient or selective as urine drug testing as there are many metabolites from medications that do not remain in circulation. Without any clear indication regarding the use of serum blood testing for drug metabolites over urine drug testing which would be considered standard of care, this request is not medically necessary.