

Case Number:	CM14-0186818		
Date Assigned:	11/14/2014	Date of Injury:	05/01/2008
Decision Date:	01/05/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 patient is a 43-year-old male who has submitted a claim for lumbar disc displacement associated with an industrial injury date of 5/1/2008. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain described as aching, burning, stabbing, throbbing, shooting, and radiating to the left lower extremity. Physical examination showed positive pelvic thrust test bilaterally, positive FABER maneuver bilaterally, positive Gaenslen's maneuver, positive Patrick's test and tenderness of paralumbar muscles. Reflexes were intact. Urine drug screens from 9/27/2014, May 2014, and April 2014 showed inconsistent result with prescription medications. CBC, CMP, free testosterone, and total testosterone from 9/29/2014 were within normal limits. Treatment to date has included S1 epidural steroid injection, physical therapy, Butrans patch and methadone. The utilization review from 10/9/2014 denied the request for labs-CMP, CBC, testosterone free and total AM because of no documented rationale or medical justification for the procedure; and denied urine drug screen because an authorized drug screen result from 9/25/2014 was not disclosed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs-CMP, CBC, Testosterone Free and Total AM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, the patient is on chronic opioid therapy, i.e., Butrans patch and methadone. CBC, CMP, free testosterone, and total testosterone from 9/29/2014 were within normal limits. However, there is no documented indication or rationales presented that may support repeat testing. Therefore, the request for labs- CMP, CBC, testosterone free and total AM is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines ODG- Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, the patient is on chronic opioid therapy, i.e., Butrans patch and methadone. Urine drug screens from 9/27/2014, May 2014, and April 2014 showed inconsistent result with prescription medications. However, there has been no management response concerning this issue. The medical necessity for repeat testing is not established due to insufficient information. Therefore, the request for urine drug screen is not medically necessary.