

Case Number:	CM14-0194019		
Date Assigned:	12/01/2014	Date of Injury:	07/23/2014
Decision Date:	01/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 54-year-old male who reported an injury on 07/23/2014 due to a slip and fall. His diagnoses include lumbar HNP and lumbar radiculopathy. His past treatments include medication, physical therapy, chiropractic treatment, acupuncture, pain management techniques, injection, and surgery. On 10/10/2014, the patient complained of low back pain rated 6/10 to 7/10. The physical examination of the lumbar spine revealed tenderness to palpation. The lumbar range of motion was noted to be flexion at 25 degrees, extension at 5 degrees, right lateral bend at 10 degrees, and left lateral bend at 10 degrees. It was also indicated the injured worker had decreased sensation to the right L3, L4, L5, and S1 dermatomes. Medications include Advil, Tylenol, Aleve, blood pressure medication, indomethacin, and "Cocry." The treatment plan included a med panel to evaluate complications with medication use and to maximize medication safety. A Request for Authorization form 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:

Med panel to evaluate complications with medication use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for a med panel to evaluate complications with medication use is not medically necessary. According to the California MTUS Guidelines, drug testing is recommended as an option using urine drug screen to assess for the use or the presence of illegal drugs. The injured worker was indicated to have been prescribed medications on 10/10/2014. It was also indicated during that time, the patient was not taking any medications at all. Furthermore, there was lack of documentation indicating the injured worker to be using opioids or illegal drugs. As drug testing is only used to assess for the use or the presence of illegal drugs, the request is not supported by evidence based guidelines. As such, the request is not medically necessary.