

Case Number:	CM14-0209813		
Date Assigned:	12/22/2014	Date of Injury:	04/03/2007
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 57 year old patient with date of injury of 04/03/2007. Medical records indicate the patient is undergoing treatment for orthopedic injuries, psychiatric illness, dental disorder, obesity, left lung mass, asthma, hypertension, diabetes, chest pain, obstructive sleep apnea, mild/slight hepatic inflammation. Subjective complaints include weight fluctuation, anorexia, left sided chest pressure radiating to left arm with numbness, dizziness, palpitations, headaches with photophobia and phonophobia, nausea, pedal edema, difficulty sleeping. Objective findings include alert and oriented, no gross focal deficits. Treatment has consisted of Ompeprazole, Metformin, Baclofen, Lorazepam, Losartan, Amlodipine, Atorvastatin, Montelukast, Prozac, Advair, ProAir and Spiriva. The utilization review determination was rendered on 12/03/2014 recommending non-certification of Urine toxicology screen test and Labs (diabetes mellitus, gastrointestinal test, and hypertension) and Translation Interpretation services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary (updated 10/30/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page 32; Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The medical documentation provided does not indicate this patient is currently on opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for Urine Toxicology Screen Test is not medically necessary.

Labs (diabetes mellitus, gastrointestinal test, and hypertension): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st ed., Chapter 8 - Interpreting Laboratory Results.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation <http://www.uptodate.com/> Diabetes Mellitus, Hypertension, and GERD.

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." There is no documentation the patient is taking NSAIDs. The treating physician has indicated that this patient has a diagnosis of gastroesophageal reflux disease, diabetes mellitus and hypertension, however, documentation indicates these conditions are well controlled. The medical documentation provided did not indicate why the above testing is necessary at this time and does not document red flag symptoms, noncompliance with diabetes

mellitus, gastrointestinal test, and hypertension. As such, the request for Labs (diabetes mellitus, gastrointestinal test, and hypertension) is not medically necessary.

Translation Interpretation services: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.dir.ca.gov/t8/9795_3.html; Title 8, California Code of regulations 9795.3. Fees for Interpreter services

Decision rationale: 9795.3. Fees for Interpreter Services. (a) Fees for services performed by a certified or provisionally certified interpreter, upon request of an employee who does not proficiently speak or understand the English language, shall be paid by the claims administrator for any of the following events: (1) An examination by a physician to which an injured employee submits at the requests of the claims administrator, the administrative director, or the appeals board; (2) A medical treatment appointment; (3) A comprehensive medical-legal evaluation as defined in subdivision (c) of Section 9793, a follow-up medical-legal evaluation as defined in subdivision (f) of Section 9793, or a supplemental medical-legal evaluation as defined in subdivision (k) of Section 9793; provided, however, that payment for interpreter's fees by the claims administrator shall not be required under this paragraph unless the medical report to which the services apply is compensable in accordance with Article 5.6. Nothing in this paragraph, however, shall be construed to relieve the party who retains an interpreter from liability to pay the interpreter's fees in the event the claims administrator is not liable. (4) A deposition of an injured employee or any person claiming benefits as a dependent of an injured employee, at the request of the claims administrator, including the following related events: (i) Preparation of the deponent immediately prior to the deposition, (ii) Reading of a deposition to a deponent prior to signing, and, (iii) Reading of prior volumes to a deponent in preparation for continuation of a deposition. (5) An appeals board hearing, or arbitration. (6) A conference held by an information and assistance officer pursuant to Chapter 2.5 (commencing with Section 5450) of Part 4 of Division 4 of the Labor Code to assist in resolving a dispute between an injured employee and a claims administrator. (7) Other similar settings determined by the Workers' Compensation Appeals Board to be reasonable and necessary to determine the validity and extent of injury to an employee. In this case, the patient requested all labels be printed in Spanish. However, there is no documentation of the patient's speaking language. The medical documentation is not clear as to whether the patient can or cannot speak, read, or write English. In addition, there is no documentation there is no documentation that the patient cannot communicate with the treating provider. As such, the request for Translation Interpretation services is not medically necessary.