

Case Number:	CM14-0211561		
Date Assigned:	12/24/2014	Date of Injury:	12/15/2008
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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 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:

This patient is a 51 y/o female who has developed chronic spinal and extremity pain subsequent to a slip and fall on 12/15/08. The primary treating physician has requested lab work and drug screening, but another physician who is providing for Hydrocodone, Lyrica, Effexor, Wellbutrin and Trazadone handles the medication management. The physician managing the medications has performed urine drug screening on 3/5/14 and 12/3/14. There is no history of medication misuse. There are no reported symptoms suggestive of a blood disorder or organ malfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab CBC, BMP, (10) Panel Urine Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-27, Chronic Pain Treatment Guidelines Opioids Page(s): 78,79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screens

Decision rationale: MTUS Guidelines recommend that a certain level of medical standards be met to justify a diagnosis or testing. There may be a reasonable medical necessity for a basic

metabolic screen due to long-term medication use. However, there is no documented justification for a complete blood count and duplicate urine drug screens. The prescribing Dr. has been performing regular urine drug screens. Official Disability Guidelines address a reasonable frequency of testing and in a low risk patient annual screening is considered adequate. The frequency of testing has exceeded this by the prescribing physician; there is no reason for another physician to perform additional drug screening. The CBC, BMP, and (10) panel urine drug screen is not medically necessary.