

Case Number:	CM15-0101697		
Date Assigned:	06/04/2015	Date of Injury:	04/28/2005
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 51 year old woman sustained an industrial injury on 4/28/2005 while dealing with an unruly child. Evaluations include lumbar spine MRI dated 11/22/2011. Diagnoses include chronic pain due to trauma, lumbar post-laminectomy syndrome, lumbosacral disc degeneration, lumbosacral radiculitis, myalgia and myositis, enthesopathy of the hip region, and sacroiliitis. Treatment has included oral medications, trigger point injections, sacroiliac joint injection, epidural steroid injections, facet injections, greater trochanteric bursa injections, physical therapy, ice, heat, massage, and surgical intervention. Physician notes dated 3/30/2015 show complaints of worsening low back pain. The worker rates the pain 4/10 with medications and 10/10 without medications. Recommendations include Oxycodone IR, may consider Oxycontin ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab: Oxycodone and Metabolite serum Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request is considered not medically necessary. The four A's of opioid monitoring include checking for aberrant drug behavior which is customarily done through urine drug screen. There are no guidelines in MTUS for serum drug testing. Therefore, the request is considered not medically necessary.

Lab: Buprenorphine serum Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request is considered not medically necessary. The four A's of opioid monitoring include checking for aberrant drug behavior which is customarily done through urine drug screen. Serum drug testing is not required. Therefore, the request is considered not medically necessary

Urinalysis, complete Qty:1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request for a urine drug screen is considered medically necessary. The patient's medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.

Lab: Complete blood count (CBC) Qty: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: There are no direct MTUS or ODG guidelines to address this but since the patient had chronic back pain, MTUS guidelines did not reveal any lab work that was essential for diagnosis. Chronic pain medications often need to be monitored which was already addressed through a liver and renal function test. This request for a CBC does not have any rationale or medical indications listed. Therefore, the request is considered not medically necessary.

Lab: Chem 19 Qty:1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: Chronic pain medications often need to be monitored which was already addressed through a liver and renal function test. The patient was on chronic NSAID use which carries the risk of renal dysfunction. It is reasonable to monitor renal function by checking a chemistry. Therefore, the request is considered medically necessary.