

Case Number:	CM15-0023330		
Date Assigned:	02/13/2015	Date of Injury:	11/22/1998
Decision Date:	03/26/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/07/2015

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: Arizona, California
 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 11/22/1998. The diagnoses have included lumbago, pain in lower leg, reflex sympathetic dystrophy of the lower limb, and diabetic neuropathy. Treatment to date has included conservative measures. Currently, the injured worker complains of whole body aches, rated 8/10. He reported a recent fall after his right knee gave out. He also reported sleeping difficulties and left eye pain and redness. Both shoulders were tender to palpation in the acromioclavicular joints and coracoid processes. Both feet were painful with movement. Visual acuity test showed uncorrected vision of the left eye. Left sclera was inflamed. Retina was difficult to visualize through fundoscopic exam. Blood pressure was 136/92 and body mass index was 33.45%. Glucose test was not noted. The progress note dated 12/08/2014, noted that he was taking medication as directed without aberrant behaviors. Medications at that time included Bystolic, Diovan, Metformin, Nifedipine, Victoza, Atorvastatin, Bupropion, Humulin R, Hydroxyzine, Ibuprofen, Lorazepam, Temazepam, Valsartan, and Zolpidem. On 2/06/2015, Utilization Review (UR) non-certified a request for (1) urine toxicology screening, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines. The UR modified a request for referral to Ophthalmologist for evaluation and treatment to a referral to Ophthalmologist for evaluation only, citing Official Disability Guidelines. The UR non-certified a request for referral to internist, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology and opioids Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. The claimant was on opioids but there were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Referral to Treating Physician for Evaluation and Treatment: Overturned

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 Office visits and pain - ODG guidelines.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the referral to the ophthalmologist is to manage the claimant's glaucoma. Since this glaucoma can only be managed by an ophthalmologist, the referral is appropriate and medically necessary.

Referral to Internist: 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 ODG- Pain and office visits/consultations

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant's blood pressure is controlled. There is no mention of blood pressure or diabetes medications for the internist to manage. Information regarding the comorbidities are not provided to justify the referral and it is not medically necessary.