

Case Number:	CM15-0217131		
Date Assigned:	11/06/2015	Date of Injury:	08/07/2000
Decision Date:	12/23/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 66-year-old male who sustained an industrial injury on 8-7-2000 and has been treated for lumbar spinal stenosis; intervertebral disc degeneration; spondylosis with myelopathy; thoracic radiculitis; ankle and foot osteoarthritis; multiple joint degenerative disease; myalgia; arthropathy; and, long term use of opiate analgesic. Treatments have included six L4-5 discectomies, transforaminal epidural corticosteroid injections 3-13-2015, acupuncture, biofeedback, and medications which include LidoDerm-Celebrex, Flector-Baclofen-Ultram-Lyrica, hydrocodone, oxycodone-acetaminophen, and it was noted they may try Elavil or Nortriptyline before bed. On 10-19-2015 the injured worker reported worsening, persistent moderate low back pain radiating to the back, and down to his left and right feet, rated at times as 10 out of 10, and averaging 6 out of 10 during the previous week. Pain is noted to decrease his ability to perform activities of daily living. He reported that he has been having falls due to leg weakness. Objective findings include abnormal gait causing use of a cane, difficulty rising from sitting to standing. A urine drug report was provided dated 9-3-2015 showing negative for Oxycodone and positive for Cannibus. A CURES report was also provided, but copy quality leaves it partially illegible. The treating physician's plan of care includes laboratory tests including Hydrocodone and Metabolite serum, Oxycodone and metabolite serum, a complete urinalysis, acetaminophen test, and a urine drug screen and alcohol. On 10-28-2015 the urine drug screen request was modified to be approved without the alcohol component. The other requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, Acetaminophen Testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. CA MTUS does not specifically address the Tylenol level. According to Lab Tests Online, the test for acetaminophen is used for measuring the level of drug in the blood in order to establish a diagnosis of over dosage, to assess the risk of liver damage, and to help decide on the need for treatment. The documents lacked sufficient information regarding the patient's clinical or physical findings, including the patient's current treatment modalities (i.e. medications). No evidence was provided to support the necessity of the Tylenol level (i.e. signs and symptoms of acetaminophen toxicity). Therefore, based on the submitted medical documentation, the request for a tylenol level is not medically necessary.

Hydrocodone and Metabolite Serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Standard of Practice.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit hydrocodone substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has been documented to have suspicion of aberrant behavior in relation to marijuana. Hydrocodone and metabolite serum testing is not indicated without prior history or reason for hydrocodone suspicion of abuse. Therefore, based on the submitted medical documentation, the request for hydrocodone and metabolite serum test is not medically necessary.

Oxycodone and Metabolite Serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Standard of Practice.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit oxycodone substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has been documented to have suspicion of aberrant behavior in relation to marijuana. Oxycodone and metabolite serum testing is not indicated without prior history or reason for oxycodone suspicion of abuse. Therefore, based on the submitted medical documentation, the request for oxycodone and metabolite serum test is not medically necessary.

Urine drug screen and Alcohol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this test for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit substances and alcohol. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has been documented to have suspicion of aberrant behavior in relation to marijuana. Alcohol and drug metabolite serum testing is not indicated without prior history or reason for alcohol suspicion of abuse. Therefore, based on the submitted medical documentation, the request for alcohol and drug testing is not-medically necessary.

Urinalysis complete: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of a urine drug screen for this patient. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. Since this patient has been recommended to be ceasing illegal marijuana use, drug screening is appropriate at this time. The ODG states that individuals considered at low risk for aberrant behavior should be screened within 6 months of the initiation of therapy and then on a yearly basis thereafter. Based on a recent positive screen, this patient is at high risk for abuse. Therefore, based on the submitted medical documentation, the request for drug screening is medically necessary.