

Case Number:	CM15-0052066		
Date Assigned:	03/25/2015	Date of Injury:	08/09/2012
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45-year-old male who sustained a work related injury on August 9, 2012, incurring head, neck, shoulder and spine injuries from a bulldozer accident. He was diagnosed with a concussion, cervical sprain with disc bulges, laceration of the cranium, lumbar sprain, radiculopathy, left shoulder impingement syndrome. Treatment included physical therapy, anti-inflammatory drugs, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), pain lotions and neuropathy medications. Currently, the injured worker complained of constant neck pain with numbness in the fingers and into the lower extremities. The treatment plan that was requested for authorization included a urine drug screen, periodic blood work and drug testing. The applicant is a represented 45-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of August 9, 2012. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve requests for "periodic" blood work and drug testing. A January 29, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On February 24, 2015, the attending provider renewed requests for naproxen, Prilosec, and Norco. The attending provider reiterated his request for "periodic" blood work and drug testing to include renal and hepatic function testing. The applicant was apparently returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology - Urine Drug Screen Periodic Blood Work and Drug Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; Drug testing Page(s): 70; 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

Decision rationale: The request for 'periodic' blood work and drug testing was not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend 'periodic' laboratory monitoring to include renal and hepatic function testing in applicants using NSAIDs, as is the case here, page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does not establish a specific frequency for which such laboratory monitoring to take place. Similarly, while page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish a frequency with which to perform drug testing. ODG is Chronic Pain Chapter Urine Drug Testing, however, stipulates that an attending provider attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, no such attempt was made to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. The request, thus, cannot be supported as it is inherently ambiguous and did not specify a frequency to perform the urine drug testing and/or laboratory monitoring in question. Therefore, the request was not medically necessary.