

Case Number:	CM15-0052668		
Date Assigned:	03/26/2015	Date of Injury:	03/27/2012
Decision Date:	05/08/2015	UR Denial Date:	02/26/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old male, with a reported date of injury of 03/27/2012. The diagnoses include internal derangement of the right knee, status post right knee surgery, low back pain, and chronic pain. Treatments to date include a hot/cold wrap, a transcutaneous electrical stimulation (TENS) unit, injections, oral medications, x-ray of the right knee, an MRI of the right knee, and an MRI of the lumbar spine. The progress report dated 01/22/2015 indicates that the injured worker had issues with her right knee and low back. There was shooting pain down the right leg. The objective findings include full range of motion of the right knee with tenderness along the medial joint line and no instability, tenderness along the lumbar spine, and decreased lumbar range of motion. The treating physician requested a ten panel urine drug screen, a complete blood count to test the injured worker's liver and kidney function, and psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 panel urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for 10 PANEL URINE DRUG SCREEN. The patient has been taking Norco since at least 09/25/14 and Tramadol ER is prescribed on 02/24/15. The patient is currently not working. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the treater does not discuss the request and the reports do not show any prior UDS's at least between 9/25/14 and 2/24/15. The patient is on chronic opiate use and once a year UDS for opiate monitoring is supported by MTUS and ODG. The request IS medically necessary.

Labs: CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac, Surgery (<http://circ.ahajournals.org/cgi/content/full/116/17/e418>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab testing Page(s): 70.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for LABS FOR CBC. The patient is currently not working. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." In this case, the treater does not explain why lab for CBC is being requested. The review of the reports indicates that the patient has switched Naproxen to Nalfon on 09/25/14. Given that the patient has been on NSAIDs and the patient has not had lab for CBC at least between 09/25/14 and 02/24/15, the request IS medically necessary.

Psychiatric consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for PSYCHIATRIC CONSULTATION. Per 01/22/15 progress report, "the patient has issues of depression. She has seen a psych QME 4/2014." The QME report is not provided. The patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for psychological evaluations states these are recommended for chronic pain problems. ACOEM page 127 Chapter 7 states, "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex. When psychosocial factors are present or when the plan or course of care may benefit from additional expertise." Labor Code 9792.6 under utilization review definition states, "Utilization review does not include determinations of the work-relatedness of injury or disease." In this case, the treater does not explain why psychiatric consultation is being requested. The patient saw a psych QME in April 2014 and the result report is not provided. Per 02/24/15 progress report, "she has ongoing anxiety and depression secondary to chronic pain." Consult for psychological factors are supported by ACOEM guidelines when psychosocial factors are present. This patient still feels anxiety and depressed, therefore, the requested psychiatric consultation IS medically necessary.