

Case Number:	CM15-0088280		
Date Assigned:	05/12/2015	Date of Injury:	11/28/2011
Decision Date:	07/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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: California, North Carolina
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 53-year-old male sustained an industrial injury on 11/28/11. He subsequently reported low back pain. Diagnoses include post laminectomy syndrome, spinal stenosis and low back pain. Treatments to date include x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience persistent back pain, the pain radiates to the bilateral lower extremities. On examination, gait was antalgic and posture was flatback. Tenderness was noted over the spinous, paraspinous, gluteals, piriformis, quadratus, PSIS and sciatic notch. Straight leg test right radiates right and left radiates left. Patrick's test was negative on the right and left. A request for Baclofen, serum/plasma, UDS (urine drug screen) Acetaminophen, E1a9 w/alcohol + Rflx urine, Complete Urinalysis and Hydrocodone and Metabolite, serum was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

UDS (urine drug screen) - Acetaminophen, E1a9 w/alcohol + Rflx urine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90.

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

Decision rationale: CA MTUS states, "Recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. " The request is for UDS for Acetaminophen, E1a w/alcohol + Rflx urine. There is no rationale given for this test. Acetaminophen levels are not necessary to monitor on a routine basis. There is also no reason given for monitoring an alcohol level. These are both over-the-counter and legal drugs and as such, this request is not medically necessary.

Hydrocodone and Metabolite, serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

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

Decision rationale: CA MTUS states that drug testing is, "Recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. " The request is for a serum level for hydrocodone. This test is not medically necessary, as a urine test is perfectly adequate. There is no rationale given for a serum test.

Complete Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) urinalysis.

Decision rationale: In this case, there is no medical justification or rationale given for a urinalysis. It appears to be ordered in a chronic pain patient with the possible necessity of drug screening; however, a routine urinalysis is not indicated. A urinalysis is a test to screen for a variety of urinary tract and metabolic abnormalities which this patient does not have (diabetes, renal failure, infection, cancer, etc.). Thus, the medical necessity and appropriateness of this request is deemed not medically necessary or appropriate.

Baclofen, serum/plasma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

Decision rationale: Drug testing is recommended by the CA MTUS as an option for assessing the use or presence of illegal drugs. Baclofen is an NSAID and is not illegal. The request is for a serum level. There is no medical evidence that monitoring a serum level of an NSAID has any therapeutic benefit whatsoever. Therefore, the request for a serum level of Baclofen is deemed not medically necessary or appropriate.