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| Case Number: | CM13-0042825 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/20/2001 |
| Decision Date: | 06/16/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 10/20/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 55 year old male who has reported back, neck, and hip pain after an injury on 03/20/01. Treatment has included total hip arthroplasties, cervical fusion, lumbar fusion, physical therapy, acupuncture, medications, Reports from the treating physician in 2013 were reviewed. There was ongoing pain in the neck, back, and hips. Medications were listed as Norco, naproxen, and gabapentin. On 6/12/13 a "med panel" was prescribed to monitor the liver and kidney due to medications. A similar request was made in the 5/3/13 progress report (PR-2). An authorization request on 5/3/13 is for a "med panel", with a listing of what appear to be urine drug screen codes. The 9/19/13 PR2 does not mention any blood or urine testing. On 9/25/13, the Utilization Review non-certified a "5 of 6 Outpatient Med Panel", noting guideline recommendations for a urine drug screen and the lack of a clearly defined treatment request. This Utilization Review decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 OF 6 OUTPATIENT MED PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPOIDS, DRUG SCREENS, STEPS TO AVOID MISUSE/ADDITION. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138.

Decision rationale: The available do not clearly define the contents and indications of the requested "med panel". Presumably it is a urine drug screen. The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS guidelines, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the guidelines. The collection procedure was not specified. The Chronic Pain Guidelines recommend random drug testing, not at office visits or regular intervals. The details of testing have not been provided. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the guidelines, and that there are outstanding questions regarding the testing process, the urine drug screen (the presumed test in question) is not medically necessary.