

Case Number:	CM14-0106505		
Date Assigned:	09/26/2014	Date of Injury:	02/15/2012
Decision Date:	10/27/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/09/2014

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 Osteopathic Family Practice 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:

The patient is a 58 year old female who sustained an industrial injury on 2/15/12. She is being treated for cervical spine, lumbar spine, bilateral shoulders, and left knee pain. She is status post left knee surgery in May 2013. Her medications at the time of the UDS dated 6/20/12 consisted of Lorcet, naproxen, Protonix, cyclobenzaprine, Prozac, and topical creams. Her treatment has consisted of physical therapy, chiropractic treatments, acupuncture and medications. The medical records indicate that the patient has undergone multiple urine drug analysis. She underwent urine drug testing on 3/21/12 and 6/20/12. Comprehensive drug panel dated 6/20/12 has been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) comprehensive drug panel on 6/20/2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Test ; Opioids, Criteria for use Page(s): 43; 75-78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish that is the case with this patient. Furthermore, the guidelines recommend that a patient at low risk of adverse outcomes be monitored randomly at approximately every 6 months. There is indication that the patient is undergoing urine drug screens at a frequency greater than approximately every 6 months. The request for comprehensive drug panel on 6/20/12 is retrospectively not medically necessary.