

Case Number:	CM14-0144655		
Date Assigned:	09/12/2014	Date of Injury:	11/04/1997
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/06/2014

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 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 female, age unknown, with an 11/4/1997 date of injury. The documents noted that the patient's diagnoses included cervicobrachial syndrome and cervical spondylosis with myelopathy. No information was provided in regards to the patient's clinical or physical exam findings, diagnostic tests, or treatment modalities. Treatment to date: unknown. An adverse determination was received on 8/13/2014 due to the prior certification of a 10-panel random urine drug screen which includes hydrocodone and oxycodone testing. The Tylenol level was not certified due to the lack of sufficient documentation outlining the signs and symptoms of acetaminophen toxicity, given that the acetaminophen level is used to establish a diagnosis of overdosage and to assess the risk of liver damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The documents lacked sufficient information regarding the patient's clinical or physical findings, including the patient's current treatment modalities (i.e. medications). No evidence was provided to support the necessity of the oxycodone level. In addition, a UR determination letter noted that a 10-panel urine drug screen, which includes the testing of oxycodone, had already been certified. Therefore, the request for oxycodone level is not medically necessary.

Hydrocodone level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine testing in in ongoing opiate management Page(s): 43; 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The documents lacked sufficient information regarding the patient's clinical or physical findings, including the patient's current treatment modalities (i.e. medications). No evidence was provided to support the necessity of the hydrocodone level. In addition, a UR determination letter noted that a 10-panel urine drug screen, which includes the testing of hydrocodone, had already been certified. Therefore, the request for hydrocodone level is not medically necessary.

Tylenol level: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Lab Tests Online, Acetaminophen Testing

Decision rationale: CA MTUS does not specifically address the Tylenol level. According to Lab Tests Online, the test for acetaminophen is used for measuring the level of drug in the blood in order to establish a diagnosis of overdose, to assess the risk of liver damage, and to help decide on the need for treatment. The documents lacked sufficient information regarding the patient's clinical or physical findings, including the patient's current treatment modalities (i.e. medications). No evidence was provided to support the necessity of the Tylenol level (i.e. signs and symptoms of acetaminophen toxicity). Therefore, the request for Tylenol level is not medically necessary.

