

Case Number:	CM14-0144665		
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:

The patient is a female who has submitted a claim for cervicobrachial syndrome associated with an industrial injury date of November 4, 1997. Medical records from 2014 were reviewed, which showed that the patient complained of chronic pain and dystonia of the left arm. Examination of the neck revealed straightening of the cervical lordosis, absence of tenderness along the paraspinal muscles or trapezial areas, decreased carotid pulses, absence of carotid or supraclavicular bruits, absence of adenopathy or neck masses and irregular thyromegaly. Treatment to date has included Levoxyl, Oxycodone, Lithium, Carbamazepine, Wellbutrin, Folate, vitamin B12, Risperdal and Zofran. A progress note dated 5/28/14 mentioned that the patient had an overuse of opioids in the past. Utilization review from August 13, 2014 modified the request for Benzodiazepine Level to a 10-panel random urine screen for qualitative analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benzodiazepine Level: Upheld

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

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

Decision rationale: According to the page 43 of the CA MTUS Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the patient had a history of opiate overdose. Presently however, the medications taken do not include a benzodiazepine. A 10-panel urine drug screen may be warranted but drug testing specific for benzodiazepine only is not. The medical necessity cannot be established due to insufficient information. Therefore, the request for Benzodiazepine Level is not medically necessary.