

Case Number:	CM14-0071957		
Date Assigned:	07/16/2014	Date of Injury:	01/29/2013
Decision Date:	12/25/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 32-year-old male with a 1/29/13 date of injury. At the time (5/5/14) of the Decision for retrospective monthly lab work gas chromatography/ mass spectrometry urinalysis, dates of service 3/5/14 and 12/3/2013; retrospective monthly lab work opiates urinalysis, dates of services 3/5/14 and 12/3/13; and retrospective monthly lab work creatinine urinalysis, dates of service 3/5/14 and 12/3/13, there is documentation of subjective (injury to the lumbar spine) and objective (none specified) findings, current diagnoses (right sided L4-L5 disc herniation with radiculopathy and two level discopathy), and treatment to date (medications). Regarding retrospective monthly lab work gas chromatography/ mass spectrometry urinalysis, dates of service 3/5/14 and 12/3/2013 and retrospective monthly lab work creatinine urinalysis, dates of service 3/5/14 and 12/3/13, there is no documentation of a clearly stated rationale with supportive findings identifying why the retrospective monthly lab work gas chromatography/ mass spectrometry urinalysis, dates of service 3/5/14 and 12/3/2013 and retrospective monthly lab work creatinine urinalysis, dates of service 3/5/14 and 12/3/13 was needed. Regarding retrospective monthly lab work opiates urinalysis, dates of services 3/5/14 and 12/3/13, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment and that the patient is at moderate risk of addiction & misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective monthly lab work gas chromatography/ mass spectrometry urinalysis, dates of service 3/5/14 and 12/3/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter, Urine Drug Testing

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: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of right sided L4-L5 disc herniation with radiculopathy and two level discopathy. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the retrospective monthly lab work gas chromatography/ mass spectrometry urinalysis, dates of service 3/5/14 and 12/3/2013 was needed. Therefore, based on guidelines and a review of the evidence, the request for retrospective monthly lab work gas chromatography/ mass spectrometry urinalysis, dates of service 3/5/14 and 12/3/2013 is not medically necessary.

Retrospective monthly lab work opiates urinalysis, dates of services 3/5/14 and 12/3/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter, Urine drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at low risk of addiction, 2 to 3 times a year for patients at moderate risk of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of right sided L4-L5 disc herniation with radiculopathy and two level discopathy. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. In addition, there is no

documentation that the patient is at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for retrospective monthly lab work opiates urinalysis, dates of services 3/5/14 and 12/3/13 is not medically necessary.

Retrospective monthly lab work creatinine urinalysis, dates of service 3/5/14 and 12/3/13:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter, Urine drug Testing

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: Medical Necessity of Laboratory Tests
(http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: MTUS and ODG do not address the issue. Medical treatment guidelines identify tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part as reasonable and necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. Within the medical information available for review, there is documentation of diagnoses of sprain/strain right shoulder, impingement syndrome right shoulder, bicipital tendinitis right shoulder, and strain/sprain of bilateral hands with persistent pain R/O systemic disorder. However, there is no documentation of a clearly stated rationale with supportive findings identifying why the retrospective monthly lab work creatinine urinalysis, dates of service 3/5/14 and 12/3/13 was needed. Therefore, based on guidelines and a review of the evidence, the request for retrospective monthly lab work creatinine urinalysis, dates of service 3/5/14 and 12/3/13 is not medically necessary.