

Case Number:	CM15-0015768		
Date Assigned:	02/03/2015	Date of Injury:	06/15/2004
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 60 year old male, who sustained an industrial injury on 6/15/2004. The diagnoses have included lumbago, left shoulder pain, chronic pain syndrome, depression and lumbar spondylosis without myelopathy. Treatment to date has included medication. According to the Primary Treating Physician's Progress Report dated 12/23/2014, the injured worker complained of pain in the left shoulder, left knee, left ankle and lower back. The last urine toxicology report from July 2014 was noted to be consistent with medications. Physical exam revealed full extension and flexion of the left knee with tenderness and ileolumbar tenderness to palpation. There was left shoulder pain with range of motion. Authorization was requested for Deplin and a urine drug screen. On 1/7/2015, Utilization Review (UR) non-certified a request for one prescription of Deplin 15mg #90 and one urine drug screen. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Deplin 15mg #90: 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), Pain (Chronic), Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Deplin

Decision rationale: This patient presents with left shoulder pain, left knee/ankle pain, and lower back pain. The treater has asked for ONE PRESCRIPTION OF DELPIN 15MG #90 on 12/23/14. The 12/23/14 report states in the pharmacogenetic profile: "reduced activity for gene MTHFR (L-methylfolate)." Regarding Deplin, ODG states it is not recommended. ODG further states: "Deplin (L-methylfolate) is a prescription medical food that contains L-methylfolate (vitamin B9) in doses of 7.5 mg or 15 mg. See Deplin & B vitamins for depression in the Mental Illness and Stress Chapter. See also B vitamins & vitamin B complex & Medical food in this chapter." The patient's work status is: permanent and stationery. In this case, the patient has a chronic pain condition. The requested medical food Deplin is not indicated per ODG guidelines. Therefore, the request IS NOT medically necessary.

One urine drug screen: 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), Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

Decision rationale: This patient presents with left shoulder pain, left knee/ankle pain, and lower back pain. The treater has asked for ONE URINE DRUG SCREEN on 12/23/14. A urine drug screen administered on 12/23/14 came out consistent with prescribed medications, showing the patient is taking Opiates, Oxycodone. The patient had 2 prior labs on 11/25/14 and 7/1/14. The 11/25/14 urine drug screen came out with consistent results. The 11/25/14 report states that the prior drug screen on 7/1/14, also came out with consistent results. The 12/23/14 report states: "The complexity of treating the patient with narcotics, benzodiazepines, and muscle relaxants whether prescribed by this office or other providers adds to the risk of over dose." Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. The patient's work status is: permanent and stationery. In this case, the treater has asked for drug screen to monitor current opiate usage which is in line with MTUS guidelines. However, there is a lack of an explanation regarding why the patient would need 3 urine drug screens in six months, especially when the two earlier urine drug screens came out with consistent results. ODG guidelines state that one urine drug screen per year is sufficient for low risk patients. The documentation does not indicate the patient is at risk for opiate addiction or has a history of illicit drug use. The requested urine analysis test IS NOT medically necessary.

