MAXIMUS Federal Services

Case Number:	CM15-0079193		
Date Assigned:	04/30/2015	Date of Injury:	02/20/2010
Decision Date:	07/03/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York
Certification(s)/Specialty: Internal Medicine

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 61 year old male who sustained a work related injury February 20, 2010. While fixing a shower drain, he stepped out and tripped on an area rug, falling backwards landing on his buttock and low back and placing both arms out to break the fall. He experienced immediate pain to his low back and right hand. He was treated with medications, physical therapy and a back brace. Past history included epileptic seizure, age 28. According to a primary treating physician's follow-up report, dated March 2, 2015, the injured worker presented with constant low back pain, which radiates down his left leg greater than right leg, with associated tingling. There is no change on examination of the low back. Moderate tenderness is noted over the paralumbar region with less severe midline tenderness. Additional tenderness is noted over the left sciatic notch. Impression is documented as lumbar bilateral radiculopathy at L5. Treatment plan included medications as prescribed, continue lumbar support and heating pad, lumbar surgery request and testing. At issue, is the request for creatinine 1 x quarterly, LC/MS/MS 1 x quarterly, opiates testing 1 x quarterly, and urinalysis 1 x quarterly.

IMR ISSUES, DECISIONS AND RATIONALES

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

LC/MS/MS 1 x quarterly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation http://www.odg-twc.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain chapter, Urine Drug Testing.

Decision rationale: The injured worker is complaining of persistent low back pain that frequently precludes restful sleep and is associated with radicular symptoms most prominent in the left lower extremity. Patient has been on and off Narcotics. ODG state that Confirmatory testing should be sought for: (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. When the point- of-contact (POC) screen is appropriate for the prescribed drugs without evidence of non- prescribed substances, confirmation is generally not required. Medical Documentation does not satisfy this criteria, therefore requested Treatment LC/MS/MS 1 x quarterly is not medically necessary.

Opiates testing 1 x quarterly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation http://www.odg-twc.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain Chapter, Urine drug testing.

Decision rationale: Frequency of drug testing is based on documented evidence of risk stratification. An explanation of low risk moderate risk, high risk / aberrant behavior is found under opioids, tools for risk stratification & monitoring. Patients at moderate risk for addiction/aberrant behavior are recommended for point of contact screening 2 to 3 times a year. This injured workers record does not reveal any such risk, therefore, requested treatment Opiates testing 1 x quarterly is not medically necessary.

Urinalysis 1 x quarterly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation http://www.odg-twc.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.

Decision rationale: Medical documentation does not mention why any urine analysis is required. There is no record that injured worker has any renal disease. Also the injured worker has no concerning Genitourinary complaints. Urine analysis 1 x quarterly is not medically necessary.

Creatinine 1 x quarterly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation http://www.odg-twc.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain Chapter, Urine drug testing.

Decision rationale: ODG states if tampering is suspected check urine temperature, pH and creatinine concentration. It is also recommended to ask for an immediate second sample or witness the collection. Medical Records do not provide information that ODG have been met, therefore, requested treatment Creatinine 1 x quarterly is not medically necessary.