MAXIMUS Federal Services

Case Number:	CM14-0010496		
Date Assigned:	02/21/2014	Date of Injury:	02/23/2007
Decision Date:	08/05/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 patient is a 38 y/o female, DOI 2/23/07. Subsequent to a lifting injury she has developed chronic low back pain, chronic cervical pain and shoulder discomfort. MRI studies of the low back are normal for age. Cervial MRI shows mild degenerative changes. The shoulder MRI shows tendenosis. She has been treated with oral analgesics from the primary treating physician for several years which includes Xanax, Prilosec, Ambien and Remeron. There is a 10/22/13 report from a urine drug screen collected 9/16/13. The circumstances of the collection are not specified i.e. it is not documented if this was a random screen, it is not documented were the specimen was collected, it is not documented if there was an initial qualitative screen and there is no documentation of the medical need for quantitative testing. The test results do not match what is prescribed by the primary treating physician, however there is no discussion of this by treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHROMATOGRAPHY, QUANTITATIVE QUANTITY: 1.00, RETROSPECTIVE FOR DATE OF SERVICE 09/13/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

Decision rationale: Guidelines standards are clear that any quantitative drug testing has to be justified with specific rationale. This drug test is not accompanied with any supporting information regarding where it was collected, why it was collected, what the initial qualitative screening showed or why quantitative testing was necessary. MTUS Guideines discuss the circumstances that justify urine drug testing, but do not detail the specifics regarding types of testing. ODG Guidelines do address the specific types of testing in detail and do not recommend qualitative testing unless there are specific indications. No specific indications are documented, the qualitative testing is not medically necessary.