

Case Number:	CM14-0017950		
Date Assigned:	04/16/2014	Date of Injury:	12/16/2002
Decision Date:	06/04/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona. 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 50-year-old male who suffered a work-related injury on 12/16/2002 when he was moving and lifting pipes. Subsequently, he developed back pain radiating to the left lower extremity. The patient has been on numerous medications including hydrocodone, Depakote, Klonopin and Lithobid. The patient was seen by a physician on 10/21/2013. A drug screen including testing for chromatography, opiates and creatinine and urinalysis was performed. Cyclobenzaprine, hydrocodone, and hydromorphone were detected and consistent with restriction therapy. However, lorazepam and zolpidem detection was not consistent with prescription therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE COMPREHENSIVE DRUG SCREEN FOR DOS: 10/21/13, SPECIFIC CODES OF CHROMATOGRAPHY, OPIATES AND CREATININE AND URINALYSIS: 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 CHAPTER, CRITERIA FOR USE OF URINE DRUG TESTING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The guidelines state that chromatography may be necessary for confirmation of benzodiazepines, such as lorazepam or clonazepam. When other tests are contested, confirmation should be sought for all samples testing negative for prescribed drugs, all samples positive for non-prescribed opioids and all samples positive for illicit drugs. In this case, the records provided do not clearly document the need for the chromatography performed on 10/21/2013. Therefore, the chromatography portion of the drug screen performed on 10/21/2013 was not medically necessary or appropriate.