MAXIMUS Federal Services

Case Number:	CM14-0150041		
Date Assigned:	09/18/2014	Date of Injury:	07/15/2013
Decision Date:	11/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Interventional Spine 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:

The injured worker is a 59 year old male with an injury date on 07/15/2013. Based on the 08/26/2014 progress report provided by [redacted], the injured worker complains of constant upper back pain; lower back pain, neck pain, and left leg pain. The injured worker's current pain without medications is a 5-8/10 for upper and lower back pain and a 5/10 for the neck. He also claims depression and rates it as a 7/10. The injured worker describes his current discomfort is impacting his ADL, ability to concentrate, and his enjoyment of life. His current medications include Naproxen 550mg, Omeprazole 20mg, and Hydrocodone/APAP 2.5/325mg. The progress reports provided do not discuss any positive exam findings. The diagnoses include the following: 1. Chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate-to-serve.2. Early right carpal tunnel syndrome.3. Worsening of pain and numbness of left leg.[redacted] is requesting for a 1 chromatography. The utilization review determination being challenged is dated 09/08/2014. [redacted] is the requesting provider, and he provided treatment reports from 03/14/2014 to 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline: Urine Drug Screen, Criteria for use of Urine Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for Use of Urine Drug Testing

Decision rationale: ODG Guidelines sates, "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." In this case, while it would be reasonable to obtain urine drug screen, it is not medically necessary to perform "chromatography," unless there is an abnormal result and confirmation is needed. Review of the reports show 3 recent UDS's with no abnormal findings. Two of the three reports were included in the file and both of these show consistent results with prescribed medications. The treating physician does not explain why confirmatory testing or liquid chromatography needs to be performed. The request for 1 Chromatography is not medically necessary.