

Case Number:	CM14-0151255		
Date Assigned:	09/19/2014	Date of Injury:	10/23/2005
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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:

According to the provided documents, this is a 52-year-old woman who was injured on 10/23/2005. Mechanism of injury was said to be cumulative trauma. There are complaints of pain in the neck and lower back. The disputed treatment is chromatography (42 units) addressed in a utilization review determination letter from 8/21/14. That letter indicates that the request was on 8/15/14 and that the clinical findings did not support the necessity of the treatment. The accompanying utilization review determination, Peer Clinical Review Report indicated that medical records reviewed were a request for authorization of 8/4/14, 8/1/14 request for authorization, 8/1/14 analysis request form, 8/1/14 PR-2, 2/21/14 primary treating physician progress report. The documents provided for this review did include the 2/21/14 report as well as the 5/9/14 PR-2 and a 5/30/14 primary treating physician's supplemental report that included a review of records. The other documents were not included. The 5/30/14 report was disputing a previous utilization review determination that did not certify medications Ultram ER 150 mg, Norco 10/300 525 mg, and Prilosec. Neither of those provided reports mention any urine drug screen testing. Thus, this review will be based in part upon the information provided in the utilization review determination. That determination noted that previous peer reviews have recommended weaning off of Ultram ER, Norco, Xanax and Soma 10/17/13. Non certification of Ambien, soma and Prilosec as well as Norco and Ultram occurred in a review from 4/23/14. There is mention of the most recent evaluation from 8/1/14 in which the patient reported low back pain. There was tenderness, spasm, decreased range of motion and positive Kemp's test. Medication refills were given. The medications that were refilled were not mentioned. The rationale for the non certification of the chromatography was that these are used to confirm the presence of a given drug and/or to identify a drug that cannot be isolated on screening tests. They allow for identification of drugs that cannot be identified in an immuno assay screen. It stated

that confirmation should be sought for all samples testing negative for prescribed drugs, all samples positive for nonprescribed opiates and samples positive for illicit drugs. The medical records reportedly did not establish that the patient demonstrated that.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography (42 units): 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, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77-80, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (chronic), urine drug testing

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. In this setting, 42 units of chromatography would be confirmatory testing of 42 different drugs and/or metabolites. California MTUS guidelines generally support urine drug testing in several settings, but do not go into detail regarding testing protocols. This can be found in Official Disability Guidelines (ODG). Chromatography is sometimes referred to as quantitative testing although it is really to confirm the presence or absence of a drug that was either not found on screening tests and expected to be found, found on screening tests but not expected to be present, or not able to be specifically identified by routine screening processes. (This is outlined in ODG). However, it is clear the previous utilization review determinations had determined that continued use of the opiates, Norco and Ultram were not medically necessary and the patient should not have been taking or being prescribed any opiates by the time that the urine drug test was apparently performed on 8/1/14. By then, use of a urine drug test of any kind for monitoring of opioid use would not be necessary. There is no indication that at the time there was any concern for intoxication, abuse or misuse of prescription or illegal drugs. Additionally, there is no evidence that the patient had an opiate pain treatment agreement; there is no mention of when the patient had any previous urine drug test or what they showed. Thus there is no evidence that the urine drug testing was being used to direct treatment. Therefore, since there is no indication for urine drug screening at all, there is no indication for performing chromatography. Therefore, based upon the evidence and the guidelines, 42 units of chromatography are not medically necessary.