

Case Number:	CM14-0154628		
Date Assigned:	09/24/2014	Date of Injury:	06/01/2013
Decision Date:	11/19/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 Iowa. 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 61 year-old male with a date of injury of 6/1/2013. A review of the medical documentation indicates that the patient is undergoing treatment low back and right knee pain. Some of the more recent documentation was very difficult to read due to illegible handwriting. Subjective complaints (6/25/2014 and 7/29/2014) include intermittent, moderate low back pain radiating down right lower extremity. Objective findings (6/25/2014 and 7/29/2014) include diffuse paraspinal muscle tightness and tenderness in the thoracic and lumbar spine, mild muscle spasms, significant weakness with dorsiflexion of the right foot and mild weakness of the left, positive straight leg test right side, right knee effusion and medial/lateral joint line tenderness. Diagnoses include L4-5 discopathy, multilevel discopathy with right lower extremity radiculopathy, and right knee internal derangement. The patient has undergone studies to include lumbar MRI (5/2014) which showed L4-5 disc bulge and tear in posterior disc with canal stenosis; nerve conduction study (7/2014) which was essentially normal; X-ray lumbar spine (8/2014) which showed anterolisthesis in the mid-thoracic region and scattered osteophytes; and X-ray knee (8/2014) which was essentially normal. The patient has previously undergone medication therapy. A utilization review dated 8/25/2014 did not certify the request for Chromatography (opiates, creatine, other urinalysis nonauto w/ scope).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, opiates, creatine other, urinalysis nonauto w/scope: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002979/Chromatography>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT) University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance UDM Solutions: Urine Drug Monitoring Handbook. Electronic copy available at www.anesthesiologynews.com and <http://www.udmsolutions.com>

Decision rationale: MTUS and ODG do not specifically address chromatography specifically. Other resources detail the process for urine drug screening, and chromatography is typically used as a confirmatory test for drug screening after a screening test is positive. Therefore, the indications for typical drug screening should also be met. MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additional indications for screening include screening for inpatient treatment with issues of abuse, addiction, or poor pain control and documentation of misuse of medications such as doctor shopping, uncontrolled drug escalation, and drug diversion. ODG guidelines recommend drug screening prior to initiation of opioid use, with frequency based on documented evidence of risk stratification. Recommended frequency for low risk patients is at initiation and yearly after, moderate risk is 2-3 times per year, and high risk is once per month. Other pain guidelines also recommend testing twice per year. There is no documentation to suggest abuse or addiction, but there is documentation to prove that the patient has used opioid medication. Norco has been used in the past, as recently as 6/2014). The patient appears to have been transitioned to Ultram, although the recent notes are difficult to read regarding this, and here are no notes from the most recent requesting physician for review. The patient also had a urine drug screen performed on 6/25/2014, which was positive for hydrocodone and hydromorphone. No confirmatory testing was performed at this time. Although documentation is not complete and more recent notes detailing the plan for testing would be ideal, given the past opioid use and positive screening test, a confirmatory chromatography appears to be reasonable. Therefore, the request for Chromatography, opiates, creatine other, urinalysis nonauto w/scope is medically necessary.