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| Case Number: | CM14-0164573 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 08/10/2011 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Family Medicine 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:

Patient is a 51-year old female with a date of injury on 8/10/2011. Subjective complaints are of cervical, thoracic, and lumbar spine pain which was rated at 7/10. There was also 8/10 bilateral shoulder pain and bilateral knee pain. Physical exam showed bilateral knee tenderness, decreased range of motion and a positive McMurray's sign. Diagnoses include sprain of the shoulder, sprain of knee, sprain of neck, lumbar sprain, carpal tunnel syndrome, ankle sprain, and wrist sprain. Medications include Tramadol, Mentherm, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Chromatography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, URINE DRUG SCREENING

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool

to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. For confirmatory chromatography tests, the ODG states that these tests allow for identification of drugs that are not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. This patient is not documented to have aberrant behavior. Furthermore, there is no evidence of inconsistent urine drug screens that would warrant a confirmatory test. Therefore, the Retrospective request for Chromatography is not medically necessary.