MAXIMUS Federal Services

Case Number:	CM14-0168947		
Date Assigned:	10/17/2014	Date of Injury:	01/15/2011
Decision Date:	11/19/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/14/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 56 year old male with date of injury of 1/15/2011. A review of the medical records indicate that the patient is undergoing treatment for bilateral carpal tunnel syndrome and intervertebral disc disease of the cervical and lumbar spines. Subjective complaints include continued pain in his neck and back with radiation down left leg and both arms and continued pain and tingling in wrists. Objective findings include positive Phalen's sign; decreased range of motion of the cervical and lumbar spines with tenderness to palpation of the paravertebrals. Treatment has included physical therapy, acupuncture, TENS unit, heat/cold, Naproxyn, Cyclobenzaprine, and Tramadol. The utilization review dated 9/17/2014 non-certified chromatography 42 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Chromatography, Quantitative 42 Units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation 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

Decision rationale: Chromatography refers to doing a urine drug screen to test for opioids and other pain medications. MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:-"low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-"high risk" of adverse outcomes may require testing as often as once per month.There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The employee had a urine drug screen in January and August 2014 which were both negative for all substances. There is no documentation showing that medications have changed since then or there has been any other risk factor increase. Therefore, the request for a urine drug screen using chromatography is not medically necessary.