

Case Number:	CM14-0020720		
Date Assigned:	04/30/2014	Date of Injury:	06/03/2001
Decision Date:	08/04/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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:

This is a 49-year-old female with a 6/3/01 date of injury. She has ongoing pain in the shoulders, hands, and cervical spine. In July 2013 the patient was noted to be on Naproxen and Cyclobenzaprine. Exam findings revealed no neurologic deficits, negative impingement signs and left shoulder, and very mild limitations in range of motion of the left shoulder. An EMG/NCV dated September 26, 2013 was negative. The patient was noted to have urine drug screens in August, September, October and November of 2013. The urine drug screens dated November 8, 2013 and 8/16/13 were negative (the others were not made available for review). The patient was not noted to be on any narcotics at this time. It is unclear if she was on Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHROMATOGRAPHY QUANTITATIVE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins, and Pagana KD, Pagana TJ (2010) Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pagana HD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests 4th Ed St. Louis Mosby Elsevier.

Decision rationale: Chromatography quantitative testing is indicated in patients with prior urine drug screens with inconsistent findings, or in patients in whom a false positive might be suspected. Within the medical records provided for review, there were no urine drug screens which revealed inconsistent findings. There is no documented history of drug abuse or misuse. The urine drug screens appear to be done at inappropriate intervals in terms of more than 4 per quarter in a patient who is not on opiates or exhibiting any aberrant behavior. In a patient who is not on medications of abuse and who has consistent negative urine drug screens, there is no rationale or reason to run a chromatography analysis on each medication being tested. Therefore, the request is not medically necessary and appropriate.