

Case Number:	CM14-0023629		
Date Assigned:	06/11/2014	Date of Injury:	03/01/2005
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/25/2014

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 Internal 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:

The claimant is a 61 year old woman who suffered injury on 3/1/2005. The mechanism of injury was not provided. She was seen most recently by her orthopedic treating primary physician on 5/7/2014. Several previous clinical notations from the primary treating provider were also reviewed, dated 1/22/2014, 10/23/2013, 7/24/2013 and 4/10/2013. The chief complaint of the claimant was low back pain with radicular radiation into the lower extremities. On examination, forward flexion was noted to be 50 degrees, backward extension 20 degrees, and right as well as left flexion 20 degrees each. Mild paraspinal muscle tenderness and spasm was also noted with positive straight leg raising bilaterally at 75 degrees. Diagnoses listed included lumbar sprain with disk disease and radiculopathy. Additional diagnoses included cervical sprain with disk disease and radiculitis, impingement of shoulder, previous shoulder injections, carpal tunnel syndrome bilaterally and tendinitis bilaterally in the hands. The primary treating provider did not document past medical or surgical history, previous drug screens / chromatography examinations or medications. The documentation of the psychiatrist dated 3/4/2014 did mention medications, which included nortriptyline 10 mg at night by mouth, Tagamet 400 mg orally twice a day, Cymbalta 30 mg orally daily and clonazepam 0.5 mg orally three times a day. The claimant was noted to be stable from a psychiatric and medical standpoint. Previous drug screens reports were reviewed. These were dated 5/23/2014, 3/13/2014 and 11/26/2013. None of these screens demonstrated any unexpected findings or discrepancies based on the claimant's medication regimen. The provider involved in the claimant's care did not provide an evaluation of the need for routine urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CHROMATOGRAPHY QUANTITATIVE TEST DOS 11/26/13:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter on Chronic pain, under Section of Medications, subsection - Opioids.

Decision rationale: Urine drug screens are recommended for individuals on opioid therapy chronically. The frequency of testing is at least twice a year and potentially more often if there is suspicion of aberrant behavior. Since the claimant is not on opioids on a regular basis (based on the documentation provided), does not exhibit any aberrant behavior such as loss of prescriptions and frequent misuse of medications or requests for increasing doses of opioids, she is not a candidate for urine drug screening. Therefore, the request for chromatography and urine drug screening is not medically necessary.