

Case Number:	CM14-0024024		
Date Assigned:	06/11/2014	Date of Injury:	08/07/2007
Decision Date:	10/01/2014	UR Denial Date:	02/10/2014
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 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:

There were 224 pages provided for review. The application for independent medical review was signed but undated. The treatment requested was quantitative chromatography. Per the records provided, the diagnoses were lumbar spinal stenosis, spondylolisthesis, lateral epicondylitis, carpal tunnel syndrome and rotator cuff syndrome and several other conditions. The claimant was injured back in the year 2007. She is described as a 57-year-old female. As of December 2, 2013, a urine analysis was done to test for medicines to monitor compliance and to identify possible drug interactions. The request now is for quantitative chromatography. It is noted by the previous reviewer that there was no indication of current medication and no result of the point of contact screening, and no indication of illicit drug uses so there is insufficient documentation rationale for chromatography. The request was not approved on that basis. She is status post a posterior lumbar fusion on May 22, 2014. She had received physical therapy. Several physical therapy notes and drug screen tests were provided. A drug screen test from July 7, 2014 noted that she was prescribed Norco, Tramadol and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative Times one (1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
DRUG TESTING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 43 of 127.

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for the quantitative chromatograph for the drug test, when qualitative screening was done, and is sufficient. The request is appropriately non-certified under MTUS criteria.