MAXIMUS Federal Services

Case Number:	CM14-0032754		
Date Assigned:	06/20/2014	Date of Injury:	05/27/2011
Decision Date:	08/14/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 39-year-old male with a date of injury of 05/27/2011. The listed diagnoses include left ankle sx, August 2012, and right wrist sprain/strain. The medical file provided for review includes 6 progress reports from 2013 by [redacted]. There are no progress reports provided by the requesting physician, [redacted]. The most recent progress report from 09/17/2013 indicates the patient has cervical spine, lumbar spine, right shoulder, and left ankle pain. The patient continues medication in the form of Soma which he takes infrequently and Vicodin which he takes as needed. He also performs home exercises utilizing a TheraBand and stretching, as well as paraffin wax. Report on 07/31/2013, indicates the patient had a CT scan of the left ankle which showed mild osteoporosis, soft tissue swelling at the middle aspect of the left ankle, and postsurgical changes through the lateral malleolus. This is a retrospective request for chromatography quantitative, date of service 11/22/2013. The physician did not provide a rationale for this request. The utilization review denied the request on 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for chromatography, quantitative DOS: 11/22/13 quantity: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: The ODG Guidelines recommend once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The medical file provided for review includes urine drug screenings from November 2013, March 2013, and February 2013. The records indicate the patient is taking Vicodin. In this case, the physician's request exceeds what is recommended by ODG. As such, the request is not medically necessary.