

Case Number:	CM14-0033623		
Date Assigned:	06/20/2014	Date of Injury:	06/06/2012
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 43-year-old female who reported an injury on 06/06/2012. The mechanism of injury was noted to be lifting a 25 pound water jug. The injured worker's prior treatments included physical therapy, acupuncture, a back brace, medications, and an epidural steroid injection. Her diagnoses were noted to be lumbar sprain/strain, lumbar disc protrusion, and lumbar radiculopathy. The injured worker had a clinical evaluation on 05/15/2014. The injured worker complained of low back pain and she described her pain as sharp, dull, aching, stabbing, and burning with pressure. The injured worker rated her pain between a 4/10 and 8/10. The objective physical findings of the lumbosacral spine included abnormal gait with cane in right hand; inability to walk on toes; spasm to the right paraspinals; guarding right paraspinals; positive tenderness over the spinous processes L3-5 and right paraspinal muscles, right sacroiliac joint, right sciatic notch, decreased range of motion, positive tenderness on coccyx; decreased sensation in the right lower leg and foot, decreased muscle strength diffusely in the right lower extremity, and loss of lumbar lordosis. The injured worker had a urine drug screen collected on 03/14/2014. The results of the urine drug screen included tramadol values greater than 2000 mg/ml. The provider's rationale for the requested chromatography quantitative was not provided within the documentation. The Request for Authorization for medical treatment was also not provided within the documentation.

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 Official Disability Guidelines, Pain Chapter, Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The request for chromatography quantitative is non-certified. The Chronic Pain Medical Treatment Guidelines indicate use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines specify that confirmatory testing which includes gas chromatography/mass spectrometry or liquid chromatography tandem mass spectrometry, are should be used for all samples testing negative for prescribed drugs, all samples positive for non-prescribed opioids, and all samples positive for illicit drugs. The guidelines continue to state quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamics issues including variability and volumes of distribution such as muscle density and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. The provider failed to indicate documentation to qualify necessity. The guidelines clearly state that confirmation is not required unless the point of contact urine drug screen is inconsistent. The request fails to indicate a specific drug in question. Quantitative testing is not reliable due to muscle density and interindividual and intraindividual variability. There documentation failed to indicate a point of contact with inconsistent result to warrant confirmation testing and clear documentation was not provided regarding the necessity of quantitative testing. Therefore, the request for chromatography quantitative is not medically necessary.