

Case Number:	CM14-0033632		
Date Assigned:	06/20/2014	Date of Injury:	10/03/2012
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 45 year old male who reported an injury to his neck, shoulders, low back, and right wrist. The clinical note dated 10/22/12 indicates the injured worker complaining of moderate tenderness upon palpation over both shoulders. The injured worker also had complaints of low back and neck pain. The clinical note dated 08/13/13 indicates the injured worker also having complaints of radiating pain from the shoulders into the upper extremities as well as from the low back into the right lower extremity. The injured worker stated the initial injury occurred when he took a step back and accidentally stepped on a plastic bag resulting in the injured worker losing his balance and falling. The injured worker stated he had tried to grab onto a pole with his right hand. The injured worker reported pain at several areas thereafter. The clinical note dated 01/28/14 indicates the injured worker rating his ongoing pain as 5/10. The note indicates the injured worker utilizing Tramadol and Cyclobenzaprine for ongoing pain relief. The clinical note dated 03/26/14 indicates the injured worker complaining of feelings of dizziness and anxiety secondary to a loss of work, as well as depression secondary to pain. The clinical note dated 04/22/14 indicates the injured worker complaining of 4/10 pain. The injured worker reported frequent numbness and tingling in both upper extremities as well as weakness. The injured worker also reported the pain was affecting his sleep hygiene and that he was having difficulty falling asleep each night. The note indicates the injured worker utilizing Tramadol, Pantoprazole, Cyclobenzaprine, as well as topical ointments. The note indicates the injured worker having undergone a cervical epidural steroid injection that did reduce the pain level from 8/10 to 5/10 for approximately three days. The previous utilization review dated 02/19/14 resulted in a denial for chromatography quantitative analysis as no information had been submitted regarding the injured worker's potential for drug misuse. Additionally, the injured worker had undergone six additional urinalysis exams.

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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The documentation indicates the injured worker utilizing Tramadol for ongoing pain relief. Continued periodic urine drug screens are indicated for injured workers who have demonstrated high drug misuse or ongoing aberrant behaviors or previous studies have demonstrated non-compliance with the injured worker's prescribed drug regimen. No information was submitted regarding the injured worker's potential for drug misuse or previous non-compliance. Additionally, no information was submitted regarding the injured worker's aberrant behaviors that would indicate the need for ongoing periodic studies. Therefore, this request is not indicated as medically necessary.