

Case Number:	CM14-0038084		
Date Assigned:	06/25/2014	Date of Injury:	08/12/2008
Decision Date:	08/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in California 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 42-year-old female who has submitted a claim for left shoulder impingement syndrome, cervical strain, left elbow lateral epicondylitis, tendonitis, carpal tunnel syndrome, symptoms of anxiety and depression, and symptoms of insomnia; associated with an industrial injury date of 08/12/2008. Medical records from 2014 were reviewed and showed that patient complained of stretching pain and discomfort in her left shoulder, graded 4/10. Pain is aggravated by repetitive lifting, pushing, pulling, lifting, and cold weather. Physical examination showed limitation of range of motion of the left shoulder. Spasm was noted on the upper trapezius. Treatment to date has included Anaprox, Prilosec, Norco, and Fexmid. Utilization review, dated 03/06/2014, denied the retrospective request for quantitative chromatography (12/20/2013) because there was no indication that any pre-screening immunoassay testing was done prior to the confirmatory testing, and guidelines do not support confirmatory screening on all of the drug classes and metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, quantitative(retrospective Dos: 12/20/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CRITERIA FOR USE OF DRUG TESTING.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient complained of left shoulder pain despite medications. However, there was no evidence of the patient having a high risk for aberrant drug use behavior that may warrant drug testing. Moreover, the medical records submitted for review did not show previous urine drug testing that may warrant confirmatory drug testing. There is no clear rationale for the request. The medical necessity was not established due to lack of information. Therefore, the request for Chromatography, quantitative (retrospective dos 12/20/13) is not medically necessary.