

Case Number:	CM14-0039232		
Date Assigned:	06/04/2014	Date of Injury:	09/23/2008
Decision Date:	07/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 39-year-old female who reported an injury to several areas. The injured worker stated that the initial injury occurred on 09/23/08 when she slipped on a wet floor and fell to her knees. The injured worker also reported a twisting type motion when she injured her left knee, left foot, and low back. A clinical note dated 06/22/11 indicated the injured worker complaining of low back pain. The MRI of the lumbar spine revealed 2mm disc protrusion at L3-4 and L4-5 in an 8mm disc protrusion at L5-S1 with disc desiccation and steno. The operative note dated 01/23/12 indicated the injured worker undergoing arthrodesis at L5-S1 with hemilaminectomy. The MRI of the left wrist dated 04/28/13 revealed a ganglion cyst at the volar aspect of the ulnar proximal to pisiform bone. A subchondral cyst was also identified at the distal pole of the scaphoid. The genetic testing for drug metabolism notes dated 08/19/13 indicated the injured worker undergoing genotype test. The injured worker was recommended for specific dosages of hydrocodone. The qualified medical examination (QME) dated 02/05/14 indicated the injured worker continuing with complaints of neck pain, left shoulder pain, and left wrist and low back pain. The injured worker was identified as having right knee and left ankle pain. The utilization review dated 03/27/14 resulted in denial for the quantitative urine test as no information was submitted regarding the patient's drug misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CHROMOTOGRAPHY, QUANTITATIVE URINE TEST (COLLECTED 12/6/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for retrospective chromatography, quantitative urine test is not medically necessary. The clinical documentation indicates the injured worker complaining of pain at several sites. The injured worker utilized pharmacological interventions in order to address ongoing pain complaints. However, no information was submitted regarding the patient's potential for drug misuse, aberrant behaviors, or inadequate response to previous use of pain medications. Given this, the request is not indicated as medically necessary.