

Case Number:	CM14-0039298		
Date Assigned:	06/27/2014	Date of Injury:	04/01/2011
Decision Date:	08/13/2014	UR Denial Date:	03/03/2014
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 Occupational Medicine 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 claimant was injured on 04/01/11 when he reportedly was pumping concrete and it exploded in his face and he sustained pain and bleeding in his face. His front teeth were injured and eventually replaced. He has had ongoing neck and back discomfort with TMJ internal derangement and posttraumatic photophobia. Quantitative chromatography has been requested and is under review. Quantitative chromatography was completed on 07/09/13. The claimant had a urine drug screen on 09/18/13 that was reported on 09/23/13. No medications were detected. He had urine toxicology on 10/16/13 that was reported on 10/20/13. Fluoxetine was detected. Other medications were not detected. He saw [REDACTED] on 10/29/13 and there is no specific mention of the results of the drug screens. On 11/27/13, a drug screen revealed no medications. On 02/17/14, [REDACTED] recommended quantitative chromatography. The claimant saw [REDACTED] on 02/25/14. His medications were refilled but are not listed. Urine drug screen was recommended. On 2/25/14, again the drug screen was negative for all tested drugs. On 02/25/14, he was prescribed Anaprox, Fexmid, Norco, Ultram, and Prilosec. Prior to this date, his prescribed medications are unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitive Chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Guidelines for Urine Drug Screening for patients with Prescribed Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for quantitative chromatography. The MTUS state drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MRO Manual states on page 30 that an MRO may request quantitative information from the laboratory on the presence of opiate analytes (i.e., morphine, codeine, 6-AM) below the cutoff for specimens that have been reported positive for one or more opiate analytes. This information may be helpful to the MRO in assessing the medical explanation provided by the donor. The requests may be for an individual specimen or a blanket request for all quantitative results when one or more opiate analyte is positive. Also, per page 51, an MRO may request the quantitative results of amphetamine analytes below the cutoff for a specimen reported positive for one or more amphetamine analytes. This information may be helpful to the MRO in assessing the medical explanation provided by the donor. Quantitative chromatography may be used to determine with more specificity the medications/drugs that are present. The claimant's prescribed medications and history of use of medications are unclear. In this case, multiple drug screens have been done but there is no evidence that the results have been discussed with the claimant or that his prescribed medications have been changed or adjusted based on the results. It is not clear what is being sought as present or possibly absent such that this type of test with high specificity is needed. It also is not clear what clinical benefit may be anticipated from this type of drug testing. The medical necessity of this request has not been clearly demonstrated.