

Case Number:	CM14-0050625		
Date Assigned:	06/25/2014	Date of Injury:	07/24/2008
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 ABFP 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 55 year old male claimant sustained a work injury on 7/24/08 resulting in a left rotator cuff tear. He had undergone several shoulders surgeries including debridement of his rotator cuff and suffered from depression and anxiety as a result of the injury. A progress note on 10/8/13 indicated he had not been on any medications. A urine toxicology screen performed on 10/11/13 did not detect any substance use. A subsequent request was made for quantitative chromatography on 11/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Quantitative Chromatography between 11/22/2013 and 11/22/2013: 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 Urine toxicology, opioids Page(s): 90-92.

Decision rationale: The MTUS guidelines do not make specific recommendations regarding chromatography, however: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor

adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Furthermore screening for addiction risk should be performed with questionnaires such as the Cage, Skinner trauma, Opioid Risk Tools, etc. Such screening tests were also not indicated in the documentation. Based on the above references, lack of indication of abuse, addiction and clinical history a urine toxicology screen is not medically necessary. In this case quantitative chromatography is used for drug testing. There is no indication as noted of drug abuse, misuse, addiction etc. The unnecessary urine screen was negative. The chromatography therefore is also not medically necessary.