

Case Number:	CM14-0069923		
Date Assigned:	07/14/2014	Date of Injury:	04/25/2013
Decision Date:	09/16/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/15/2014

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 patient is a 43-year-old female who has submitted a claim for lumbar radiculopathy, cervical radiculopathy, and cervical facet arthropathy; associated with an industrial injury date of 04/25/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of lower back pain radiating to the bilateral anterolateral legs and feet associated with numbness and tingling. Physical examination showed that the patient had an antalgic gait. Tenderness was noted in the cervical facets of C5-C7 and lumbar paraspinal muscles. Facet loading test was positive. Straight leg raise test was positive on the right. Decreased sensation over the right leg was noted. Treatment to date has included medications, epidural steroid injection, and H-wave stimulation. Utilization review, dated 04/16/2014, denied the retrospective request for Urinalysis Drug Screen Including Gas Chromatography/Mass Spectrometry (Gc/Ms), Opiates, Ethyl Alcohol And Creatinine (DOS: 02/27/2014) because the indication for the request was no clear as there was no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion, or possible adulteration attempts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Urinalysis Drug Screen including Gas Chromatography/Mass Spectrometry (GC/MS), Opiates, Ethyl Alcohol and Creatinine (DOS: 02/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid; Web Based edition: http://www.dir.ca.gov/t8/ch4_5sb1a_5_2.html.

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 is on opioid therapy for low back pain with radicular symptoms. Urine drug screening performed on 02/14/2014 was negative for hydrocodone, which is a prescribed medication. However, there was no discussion concerning non-compliance to therapy or a possibility of aberrant drug behavior. There is likewise no documented rationale for testing of ethyl alcohol and creatinine. The medical necessity was not established due to lack of information. Therefore, the retrospective request for URINALYSIS DRUG SCREEN INCLUDING GAS CHROMATOGRAPHY/MASS SPECTROMETRY (GC/MS), OPIATES, ETHYL ALCOHOL AND CREATININE (DOS: 02/27/2014) was not medically necessary.