

Case Number:	CM14-0075636		
Date Assigned:	07/16/2014	Date of Injury:	06/16/2012
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 47-year-old female with a date of injury of 06/16/2012. The listed diagnoses are Status post right shoulder arthroscopic surgery on 03/22/2013; Herniated cervical disk with radiculitis; Herniated lumbar disk with radiculitis. According to progress report 01/24/2014 by [REDACTED], the patient presents with low back pain and bilateral ankle pain. Examination of the lumbar spine revealed flexion is 50 degrees, extension is 20 degrees, lateral bending on the right is 20 degrees, and on the left is 20 degrees. There is tightness in the lumbar paraspinal musculature. Examination of the ankles revealed tenderness in the medial and lateral malleolus with swelling noted in the right ankle. The treating physician requests an epidural injection, physical therapy, acupuncture treatments, bilateral ankle and wrist brace for support, and refill of medications including Norco, Prilosec, Naproxen, and Tramadol 150 mg. This request is for chromatography quantitative, quantity 42 units. The medical file provided for review does not provide a rationale for this request. Request for authorization from 01/27/2014 states requested procedure is chromatography quantitative, the following urine test was ordered by [REDACTED]. Utilization review denied the request on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, quantitative, quantity 42 units: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, and on the Non MTUS Official Disability Guidelines (ODG).

Decision rationale: The MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, the Official Disability Guidelines (ODG) provide clear recommendation. It recommends once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low risk patients. In this case, the medical records indicate the patient has been taking chronic opioids including Norco. Medical records indicate the patient has been administered monthly drug screens. ■■■■■ is requesting a repeat urine drug screen to identify the patient's progress and the medications. The Official Disability Guidelines (ODG) allows for once yearly screening in low risk patients. Therefore, the request for chromatography, quantitative, quantity 42 units is not medically necessary and appropriate.