MAXIMUS Federal Services

Case Number:	CM14-0099732		
Date Assigned:	07/28/2014	Date of Injury:	08/19/2013
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

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 Illinois. 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 male with pain in the right knee both medially and laterally after walking up to 5 miles per day on variable mountainous terrain, with an episode of twisting his right knee and hearing a pop. By overcompensating, he injured his left knee. He also reports low back pain with pain radiating down both legs. His diagnoses include internal derangement of knee, knee sprain/strain, and low back pain. Radiographs of the lumbar spine show lumbar narrowing and no fracture. A post-arthrogram magnetic resonance imaging of the right knee from November 21, 2013 shows a slight irregularity at the posterior-inferior margin of the medial meniscus in which a tear cannot be excluded and Grade II signal in the lateral meniscus. Repeated urine testing is positive only for tramadol and its metabolites consistent with the worker's prescribed intake of Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO CHROMATOGRAPHY- QUANTITATIVE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT).

Decision rationale: Quantitative retro-chromatography is an important drug testing tool to monitor adherence to use of controlled substance treatment if a patient has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder), to identify drug misuse (both before and during treatment), when results of a test are contested, and as an add-on to self-report of drug use if there is aberrant drug behaviors or signs of misuse or abuse. Laboratory-based specific drug identification includes gas chromatography/mass spectrometry or liquid chromatography/mass spectrometry. These tests allow for identification and quantification of specific drug substances. The tests also allow for identification of drugs that are not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. Per the Official Disability Guidelines, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. There is no indication in the provided medical documents that any of these criteria have been met. Therefore, the retro-chromatography is not medically necessary.