

Case Number:	CM14-0189889		
Date Assigned:	11/21/2014	Date of Injury:	09/28/2011
Decision Date:	01/08/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/13/2014

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 with an injury date on 9/28/11. Patient complains of worsening cervical pain radiating over bilateral arms/hands, low lumbar pain and leg pain that is worsening per 9/2/14 report. The pain is very intense and rated 9/10 overall per 9/2/14 report. The patient is awaiting an evaluation with a rheumatologist to rule out whether fibromyalgia is industrial or non-industrial related per 9/2/14 report. Based on the 9/2/14 progress report provided by the treating physician, the diagnoses are: 1. herniated cervical disc 2. herniated lumbar disc 3. fibromyalgia 4. gastritis Exam on 9/2/14 showed "C-spine range of motion is reduced, with flexion at 50 degrees. L-spine range of motion is reduced, with extension at 20 degrees." Patient's treatment history includes toradol injection, medications (hydrocodone, prilosec, unspecified topical cream). The treating physician is requesting chromatography. The utilization review determination being challenged is dated 10/10/14 and denies request due to lack of sufficient clinical information to support medical necessity of this request. The requesting physician provided a single treatment report from 9/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/15629016>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/15629016>: High performance liquid chromatography in pharmaceutical analyses.

Decision rationale: This patient presents with neck pain, bilateral arm/hand pain, lower back pain, and leg pain. The treater has asked for Chromatography but the requesting progress report is not included in the provided documentation. According to the article entitled: "High performance liquid chromatography in pharmaceutical analyses" by Nikolin, Imamovi, Medanhodzi Vuk, and Sober published by the National institutes of Health, the purpose of high performance liquid chromatography (HPLC) analysis of any drugs is to confirm the identity of a drug and provide quantitative results and also to monitor the progress of the therapy of a disease. Regarding urine drug analysis, MTUS supports it to monitor chronic opiate use. ODG supports once a year monitoring for low-risk patients. Quantitative study typically performed via Liquid Chromatography is recommended if the initial urine drug screen is abnormal or inconsistent. In this case, the patient presents with a chronic pain condition. There is no explanation in provided reports, however, of the necessity for the requested chromatography. There is no list of medications to determine whether or not urine drug screen or quantitative study is needed. There is no abnormal or inconsistent urine drug screen to require a quantitative study with a liquid chromatography. The request is not medically necessary.