

Case Number:	CM14-0195320		
Date Assigned:	12/03/2014	Date of Injury:	06/19/2013
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old female with a work injury dated 11/12/14. The diagnoses include wrist sprain, neck sprain, lumbar sprain, and sprain of unspecified site of knee and leg. The patient is status post 7/18/14 carpal tunnel release. Under consideration are requests for chromatography. There is a 7/18/14 carpal tunnel release. A 4/15/14 Right knee MRI revealed globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. A tear is not entirely excluded. There is evidence of a Baker's cyst. An 8/5/14 prescription order form reveals that the patient was prescribed Cyclobenzaprine, Methoderm, Naproxen, and Omeprazole. An 8/5/14 progress note was handwritten and mostly illegible. It stated that the patient had cervical spine pain, lumbar spine pain and bilateral writ/hand pain and knee pain. On exam there was a well healed scar at the right wrist with tenderness to palpation. The weight was 165 and blood pressure 165/68. The rest of the exam is illegible. There were requests for ortho consult, physical therapy, pain management and creams prescribed as well as medications noted on the above prescription order form. A 9/4/14 medication list noted that the patient was prescribed Cyclobenzaprine, Mobic, Prilosec and Lisinopril.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing

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 (Chronic)- Urine drug testing (UDT)

Decision rationale: Chromatography is not medically necessary per the MTUS and the ODG guidelines. The documentation indicates that the patient underwent a comprehensive urine drug panel on 7/7/14. The document states that there was no drug prescribed. The test revealed no illicit substances. The documentation submitted does not reveal evidence of any opioids prescribed. The documentation indicates that the patient had a UDS performed on 9/4/14. The MTUS states that when initiating opioids a urine drug screen can be performed to assess for the use or the presence of illegal drugs. The documentation does not reveal that the patient is taking opioid medication therefore it is unclear why chromatography is being requested. The ODG states that laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) 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. The ODG states that when the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. The documentation does not indicate that the patient is on prescribed opioids or has positive urine toxicology. Additionally, the request does not indicate a quantity of times chromatography is requested. The documentation is not clear on why this testing is needed. The request for chromatography is not medically necessary.