

Case Number:	CM14-0198193		
Date Assigned:	12/08/2014	Date of Injury:	09/22/2005
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine and is licensed to practice in New York. 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, 57 year old male, sustained a work related injury on September 22, 2005, injured during a slip and fall. He injured his lumbar spine and is P&S. The injured worker's conservative treatments were noted to have included oral medications and a self-monitored home physiotherapy program. The Primary Treating Physician's report dated October 15, 2014, noted the injured worker with pain in the lower back, with radicular symptoms into the right and left leg. Physical examination was noted to show tightness and spasm in the lumbar paraspinal musculature bilaterally. The diagnoses were noted to include a herniated lumbar disc with radiculitis, herniated cervical disc, and a right shoulder rotator cuff tear with tendinitis. The injured worker's work status was noted to be permanent partial disability. On October 15, 2014, the Primary Treating Physician requested authorization for Chromatography, Quantitative 42 units. On October 31, 2014, Utilization Review evaluated the request for Chromatography, Quantitative 42 units, citing the FDA Guidelines, the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG). The UR Physician noted there was no documentation of the provider's concerns over the injured worker's use of illicit drugs, or non-compliance with prescription medications. The UR Physician noted the lack of documentation of dates of previous drug screening over the previous twelve months, and no documentation of the medical necessity for a quantitative screening versus a qualitative screening. Based on the currently available information, the UR Physician noted that the medical necessity for the drug screening had not been established, and therefore the request for Chromatography, Quantitative 42 units was denied. The decision was subsequently appealed to Independent Medical Review. On 01/09/2013 he had an office visit. Straight leg raising was negative. He was taking Norco and Tramadol as needed and as prescribed. On 04/10/2013 he was taking Norco and Ultram as needed and as prescribed. On 07/19/2013 he was taking Norco as prescribed and as needed. On

10/23/2013 he was prescribed Ultram and not Norco. On 01/22/2014 he was prescribed Norco and Tramadol PRN. On 10/15/2014 he was taking Norco and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography Quantitative 42 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74 - 91.

Decision rationale: The injury was in 2005. There is no documentation of any drug seeking behavior, drug addiction, substance abuse, drug overdose or aberrant drug behavior to substantiate the need for urine drug testing for this patient. He is clearly taking opiates as needed for pain and many times has office visits with opiates not refilled. There is no mention in the notes of any problem of this nature.