

Case Number:	CM14-0209171		
Date Assigned:	12/22/2014	Date of Injury:	08/17/2012
Decision Date:	02/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Pain Medicine, 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:

This is a patient with a date of injury of August 17, 2012. A utilization review determination dated November 20, 2014 recommends noncertification of chromatography on November 12, 2014. Noncertification was recommended since the patient had undergone drug testing on October 1, 2014 with no identification as to why the patient would require repeat drug testing at the proposed frequency. A progress report dated November 12, 2014 identifies subjective complaints of increased pain in the left hip which is aggravated with cold weather. Objective examination findings reveal restricted cervical spine range of motion and tenderness over the greater trochanteric bursa of the left femur. Diagnoses include cervical sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, thoracic sprain/strain, lumbar sprain/strain, left hip sprain, right sacroiliac tendinitis, anxiety/depression, insomnia, and seizure disorder. The treatment plan recommends continuing Anaprox, Norco, Prilosec, and Xanax. Additionally, urine testing is recommended. A urine drug screen was performed on October 1, 2014 and was negative for any prescribed medications. A progress report dated October 1, 2014 indicates that the patient was prescribed Anaprox, Norco, Prilosec, and Xanax. A urine drug screen performed on August 20, 2014 is negative for all prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative 42 units DOS 11/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician has addressed any previously inconsistent urine drug screen results with the patient. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.