

Case Number:	CM14-0027691		
Date Assigned:	06/13/2014	Date of Injury:	03/14/2012
Decision Date:	01/21/2015	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old female with a 3/14/12 date of injury. At the time (2/5/14) of the Decision for chromatography, quantitative, there is documentation of subjective (hand pain and numbness) and objective (tenderness to palpation over wrists, positive Tinel's as well as Phalen's sign, decreased right wrist grip strength, and positive median compression test) findings, current diagnoses (carpal tunnel syndrome and wrist sprain), and treatment to date (physical therapy and medications (including ongoing treatment with Motrin)). There is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment t; and the following indications (all samples test negative for prescribed drugs, all samples test positive for non-prescribed opioids, and/or all samples test positive for illicit drugs).

IMR ISSUES, DECISIONS AND RATIONALES

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

CHROMATOGRAPHY, QUANTITATIVE (urine drug testing): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, URINE DRUG TESTING (UDT),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG identifies the use of confirmatory testing with gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) with the following indication(s) (all samples test negative for prescribed drugs, all samples test positive for non-prescribed opioids, and/or all samples test positive for illicit drugs), to support the medical necessity of chromatography, quantitative. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and wrist sprain. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. In addition, there is no documentation of the following indications (all samples test negative for prescribed drugs, all samples test positive for non-prescribed opioids, and/or all samples test positive for illicit drugs). Therefore, based on guidelines and a review of the evidence, the request for chromatography, quantitative is not medically necessary.