

Case Number:	CM15-0004301		
Date Assigned:	01/15/2015	Date of Injury:	07/16/2010
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 58 year old male, who sustained an industrial injury on July 16, 2010. The diagnoses have included herniated lumbar disc, symptoms of anxiety and depression, symptoms of insomnia, impingement syndrome of the left shoulder, and right shoulder strain, tendonitis, and impingement syndrome. Treatment to date has included medications. On August 29, 2014, the injured worker complains of bilateral shoulder pain. The Primary Treating Physician's report dated August 29, 2014, noted tenderness to palpation of the bilateral shoulder joints, with muscle spasms, limited range of motion, and a positive bilateral impingement syndrome test. On December 26, 2014, Utilization Review non-certified chromatography, quantitative 42 units, noting there were no pertinent subjective or objective findings with the request and therefore did not meet medical necessity, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Pain, updated November 21, 2014. On January 8, 2015, the injured worker submitted an application for IMR for review of chromatography, quantitative 42 units.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 & 94. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags 'twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids' once during January-June and another July-December." The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. In addition the treating physician did not document when the last time the patient had a urine drug screen. As such, the request for Chromatography, quantitative 42 units is not medically necessary.