

Case Number:	CM15-0007428		
Date Assigned:	01/26/2015	Date of Injury:	02/08/2008
Decision Date:	03/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50 year old female, who sustained an industrial injury on 2/8/2008. On 1/14/15, the injured worker submitted an application for IMR for review of Chromatography Quantitative (Comprehensive Drug Panel) date of service 12/26/14. The treating provider has submitted limited documentation but reported the injured worker complains of low back pain and right leg pain radiating to the right foot with numbness. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis unspecified herniated lumbar disc with radiculitis, right knee internal derangement, symptoms of anxiety and depression and insomnia. On 1/7/15 Utilization Review non-certified Chromatography Quantitative (Comprehensive Drug Panel) date of service 12/26/14 per the MTUS Guidelines 2009 - Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative (Comprehensive Drug Panel) Date of Service 12/26/14:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screen

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chromatography, quantitative (comprehensive drug panel) date of service December 26, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. A comprehensive drug panel is a broad term that covers multiple pharmaceutical and illicit compounds. A comprehensive drug screen according to the diagnostic laboratory services Inc. includes 700 pharmaceutical and elicit compounds to give clinicians the broadest information as to drugs present in the patient's urine. In this case, the injured worker's working diagnoses are herniated lumbar disc with radiculitis; right knee internal derangement; symptoms of anxiety and depression; and symptoms of insomnia. Subjectively, the worker complains of low back pain with radicular symptoms to both legs. Objectively, lumbar range of motion is decreased. Straight leg raising is positive. There is tightness and spasms in the lumbar paraspinal muscle groups are laterally. There are no medications listed. The medical record is 21-pages long. The medical records do not contain a risk assessment. There is no documentation the injured worker is at risk for drug misuse and there is no documentation indicating aberrant drug-related behavior. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and then cover the version of prescribed substances. There is no clinical indication/rationale for a comprehensive drug panel. As noted above, medications are not listed and there are no recent progress notes in the medical record. The most recent progress note is dated July 9, 2014. Consequently, absent clinical documentation to support a comprehensive drug panel with a single progress note dated July 9, 2014 and no medications listed or clinical rationale/indication, chromatography, quantitative (comprehensive drug panel) date of service December 26, 2014 is not medically necessary.