

Case Number:	CM15-0197121		
Date Assigned:	10/12/2015	Date of Injury:	12/04/2013
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old female with a date of injury on 12-4-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 7-17-15 reports continued complaints of lower back pain with radiating pain to her left leg with numbness and tingling to the foot and toes. She reports numbness in her right thigh with weakness in her legs and pressure in her hips. Prolonged sitting or standing aggravates the low back pain. Objective findings: lumbar range of motion is decreased, tightness and spasm in the lumbar para-spinal musculature bilaterally, she has weakness with big toe dorsi flexion and big toe plantar flexion, bilaterally. MRI of the lumbar spine dated 3-12-14 revealed multiple disk bulges throughout the lumbar spine. Treatments include medication, physical therapy, chiropractic and injections. Request for authorization dated 9-9-15 was made for outpatient Chromatography, quantitative. Utilization review dated 9-16-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: Chromatography, Quantitative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: CA MTUS Guidelines supports drug testing as an option to assess for the use or the presence of illegal drugs. Drug testing is also recommended at the initiation of opioid therapy and as needed depending on the risk stratification of the patient. In this case, the patient is at low risk, being prescribed a low dose of Vicodin for pain. There is no mention in the medical records of suspicion of drug abuse, inappropriate medication usage, poor compliance or drug diversion. The patient appears to be taking her medication as directed. No rationale is provided for the request, therefore it is not medically necessary or appropriate.