

Case Number:	CM15-0198574		
Date Assigned:	10/14/2015	Date of Injury:	07/03/2013
Decision Date:	11/30/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/09/2015

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: Pennsylvania

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:

The injured worker is a 38 year old male who sustained an industrial injury on 7-3-2013. A review of medical records indicates the injured worker is being treated for status post carpal tunnel release, left with tendinitis, rule out recurrent carpal tunnel syndrome, status post carpal tunnel release, right , trigger finger release, right second finger with ganglion cyst, right wrist strain sprain with joint effusion, right 4th finger sprain strain, and right 5th finger sprain strain. Medical records dated 6-5-2015 noted Constant pain and numbness to his right wrist and hand. Pain to the left hand was rated a 5-6 out of 10. Physical examination noted range of motion to the wrist and hands were limited. There was tenderness 4th, 5th, PIP, DIP, left hand. There was tenderness noted over the distal radioulnar joint, bilaterally. Treatment has included physical therapy and Voltaren. Utilization review form dated 9-17-2015 noncertified Quantitative Chromatography (42 units).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 quantitative chromatography (42 units): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, screening for risk of addiction

(tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain, Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine drug testing.

Decision rationale: According to the ODG, chromatography is "used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests." The ODG states, "Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity." This worker had a comprehensive drug panel on 8/28/15. No drugs were identified. However, no justification for quantitative chromatography was provided. The request is not medically necessary.