

Case Number:	CM15-0202071		
Date Assigned:	10/16/2015	Date of Injury:	05/17/2011
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old, female who sustained a work related injury on 5-17-11. A review of the medical records shows she is being treated for right shoulder pain. In the progress notes dated 7-1-15 and 8-12-15, the injured worker reports right shoulder pain aggravated with overhead reaching and overhead work. She reports muscle spasms in her right scapular and trapezius regions. Treatments have included physical therapy, acupuncture and chiropractic treatments. Current medications include Fexmid and Prilosec from progress note dated 7-1-15. A current urine drug screen is included in the medical records dated 8-12-15. Positive for Hydrocodone. The previous one is dated 4-8-15. She is totally temporarily disabled. The treatment plan includes for a surgical consult, an EMG-NCV study of upper extremities, and to take previously prescribed medications. In the Utilization Review dated 9-23-15, the requested treatment of a qualitative chromatography test is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) qualitative chromatography test: Upheld

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

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

Decision rationale: MTUS Guidelines is silent on the current request for immunoassay for drug screening with multiple controlled substance testing. ODG states point-of-contact (POC) immunoassay test is recommended prior to initiating chronic opioid therapy or for high-risk individuals with addiction/aberrant behavior; however submitted reports have not demonstrated such criteria. Urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been stable for this 2011 injury. The medical necessity for the quantitative testing is not supported or established outside guidelines criteria. The One (1) qualitative chromatography test is not medically necessary and appropriate.