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| Case Number: | CM15-0203622 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 06/20/2011 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 10/16/2015 |

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 56 year old female, who sustained an industrial injury on 6-20-2011. The injured worker was being treated for status post left shoulder surgery, left shoulder strain, rule out tendinitis, rotator cuff tear and impingement syndrome, lumbar herniated disc, and cervical strain with herniated cervical disc and radiculitis. Treatment to date has included diagnostics, left shoulder arthroscopic surgery in 2-2013, and medications. On 7-24-2015, the injured worker complains of pain in the low back with radicular symptoms into the bilateral legs, and pain in the bilateral wrists. Pain was not rated and function with activities of daily living was not described. Exam of the lumbar spine noted decreased range of motion, tightness and spasm in the paraspinal musculature bilaterally, and positive straight leg raise at 75 degrees bilaterally. Exam of the wrists noted positive Tinel's bilaterally, positive Phalen's bilaterally, and tenderness at the distal radioulnar joints and triangular fibrocartilage complexes. Medication refills were recommended for Norco, Prilosec, Fexmid, Colace, and Ambien. Her work status was permanent and stationary. No aberrant behavior was described and prior urine screening was not referenced or submitted. CURES monitoring was not described. Toxicology testing was documented on 7-24-2015 visit, with quantitative chromatography dated 7-31-2015, noting positive results only for Citalopram and Cyclobenzaprine. On 9-17-2015, Utilization Review non-certified a request for quantitative chromatography (42 units).

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Chromatography (42 units): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, quantitative chromatography (42 units) 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. This 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. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are status post arthroscopic surgery left shoulder; left shoulder strain; herniated lumbar disc with radiculitis, left greater than right; cervical strain, herniated cervical disc with radiculitis; left wrist and hand sprain strain; symptoms of anxiety and depression; and symptoms of insomnia. Date of injury is June 20, 2011. The documentation (UR) indicates the injured worker had a urine drug screen February 4, 2015. There were no results provided in the record. According to a July 24, 2015 progress note, the treating provider requested and performed a second urine drug toxicology screen with quantitative chromatography. Quantitative chromatography is generally considered a confirmatory test to verify the presence of a given drug and/or identify drugs that cannot be isolated by screening tests. The documentation did not provide the results of the most recent urine drug screen. There was no documentation indicating whether the urine drug screen was consistent or inconsistent. In the absence of urine drug screen results, a quantitative chromatography (for confirmatory purposes) is not clinically indicated. Additionally, there was no documentation of aberrant drug-related behavior, drug misuse or abuse. As noted above, urine drug screen was formed February 4, 2015, but the results were not available for review in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a urine drug screen without results documented from February 4, 2015, a urine drug screen without results documented dated July 24, 2015, no documentation indicating aberrant drug-related behavior, drug misuse or abuse and no clinical indication or rationale for the quantitative chromatography, quantitative chromatography (42 units) is not medically necessary.