

Case Number:	CM15-0206709		
Date Assigned:	10/23/2015	Date of Injury:	12/31/2005
Decision Date:	12/11/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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:

This 63 year old female sustained an industrial injury on 12-31-05. Documentation indicated that the injured worker was receiving treatment for left knee internal derangement, bilateral shoulder impingement syndrome, cervical spine herniated disc protrusion and lumbar spine herniated disc. Previous treatment included physical therapy, injections and medications. In a PR-2 dated 6-26-15, the injured worker complained of ongoing "sharp" neck and low back pain with radiation to the right leg, rated 5 to 7 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tightness and spasm to bilateral paraspinal musculature with range of motion: flexion 30 degrees, extension 10 degrees and bilateral lateral bend 10 degrees, positive bilateral straight leg raise, hypoesthesia along bilateral feet, ankles and at the bilateral L5 and S1 distributions, weakness with big toe range of motion, and 1+ bilateral ankle reflexes and cervical spine with tightness and spasm, positive foraminal compression and Spurling's tests and range of motion: forward flexion 30 degrees, extension 20 degrees, bilateral rotation 45 degrees and bilateral lateral bend 10 degrees. The physician recommended left knee computed tomography, left knee arthroscopy with possible meniscus repair and continuing Norco. On 6-26-15, a request for authorization was submitted for quantitative chromatography, 42 units. On 10-2-15, Utilization Review noncertified a request for chromatography, quantitative - 42 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, quantitative - 42 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation BlueCross Blue Shield: Urine Drug Testing for Substance Abuse Treatment and Chronic Pain Management.

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 chapter under Urine Drug Testing.

Decision rationale: The patient presents with sharp left knee, neck and low back pain. The request is for chromatography, quantitative - 42 units. The request for authorization form is dated CT scan of the left knee, 07/31/15, shows evidence of a fracture of the tibial tuberosity, which does not appear essentially displaced. Patient's diagnoses include internal derangement of left knee, tear, fracture; herniated disk protrusion at the cervical spine, impingement to bilateral shoulders, herniated lumbar disk. Physical examination of the lumbar spine reveals tightness and spasm in the lumbar paraspinal musculature noted bilaterally. There is hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level, bilaterally. There is weakness with big toe dorsi flexion and big toe plantar flexion, bilaterally. The patient is utilizing a cane to ambulate. Exam of cervical spine reveals tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left. Foraminal Compression and Spurling's tests are positive. Exam of left knee reveals medial joint line tenderness on the left. McMurray's and chondromalacia patellar compression tests are positive. Contusion noted at the left knee. Patient's medications include Norco, Ativan, Soma, Ambien, and Neurontin. Per progress report dated 09/04/15, the patient is temporarily totally disabled. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Treater does not discuss the request. Review of provided medical records show the patient is prescribed Norco, an opioid medication. However, treater does not document that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding the patient being at risk for any aberrant behaviors. ODG recommends once yearly urine drug screen for management of chronic opiate use in low- risk patients. Finally, a quantitative study is required when the initial screen test is inconsistent or abnormal. The reports do not show that such is the case. Therefore, the request IS NOT medically necessary.