

Case Number:	CM15-0027937		
Date Assigned:	02/20/2015	Date of Injury:	10/20/2011
Decision Date:	12/21/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 10-20-2011. Diagnoses include cervical sprain=strain with radiculopathy, lumbar strain with radiculopathy, right shoulder sprain, impingement, and NSAID related gastritis. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, chiropractic therapy, and psychotherapy. On 1-7-15, she complained of ongoing chronic pain in the neck, low back, and right wrist associated with radiation of pain to bilateral upper extremities and bilateral lower extremities. Current medications prescribed for at least six months included Norco, Ultram, Anaprox, Prilosec, Fexmid, and Ambien. The physical examination documented tenderness, muscle spasms and limited range of motion in cervical and lumbar spines, as well as significant diagnostic musculoskeletal tests in right wrist. The plan of care included laboratory evaluation for specifically "anti-consultants, antidepressants, benzodiazepines, barbiturates, methadone, methylphenidate, opiates, oxycodone, propoxyphene, sedative-hypnotic agents and miscellaneous narcotics." The records documented a similar drug laboratory evaluation was completed on 11-26-14. The appeal requested authorization for chromatography, quantitative x 42 units. The Utilization Review dated 1-15-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, quantitative x 42 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in October 2010 when she fell while exiting a bus. In January 2015 she was having radiating neck and radiating low back pain and right wrist pain. Medications included Norco and extended release tramadol. Physical examination findings included decreased cervical and lumbar range of motion with spasms. There was right wrist tenderness with positive Tinel and Phalen testing. There was triangular fibrocartilage complex tenderness. The claimant has a history of gastritis due to NSAID use. Authorization for quantitative drug testing is being requested. When urine drug screening is performed, there is no reason to perform confirmatory testing unless screening test results are inappropriate. If required, confirmatory testing should be for the questioned drugs only. In this case, quantitative test is being requested without reported findings of immunoassay based screening testing or unexpected result. The request is not medically necessary.