

Case Number:	CM15-0222253		
Date Assigned:	11/18/2015	Date of Injury:	07/17/2012
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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 43 year old female, who sustained an industrial injury on 7-17-2012. The injured worker was diagnosed as having multiple lumbar disc protrusions, coccydynia, fracture of the coccyx, seizure disorder, and cubitus varus deformity of the left elbow secondary to fracture. Treatment to date has included diagnostics, physiotherapy, and medications. On 10-02-2015, the injured worker complains of persistent low back and hip pain, with numbness and tingling to both feet and legs and burning sensation to her hip. She rated her low back pain 8 out of 10. Objective findings noted decreased range of motion in the lumbar spine, positive straight leg raise at 75 degrees bilaterally, tightness and spasm in the paraspinal musculature, hypoesthesia along the anterior lateral aspect of the foot and ankle, weakness with big toe dorsiflexion and big toe plantar flexion bilaterally, and bilateral ankle reflexes 1+. Refill of medications was recommended, noting Norco, Naproxen and Fexmid. Her work status was permanent and stationary. Urine toxicology, including quantitative chromatography, was noted to monitor compliance. No aberrant behavior was described. Previous urine toxicology was not referenced or submitted. On 10-30-2015 Utilization Review non-certified 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.

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 July 2012 and is being treated for chronic back and hip pain. Diagnoses are multiple lumbar disc protrusions, coccygodynia with a fracture of the coccyx, seizure disorder, and left elbow fracture. Norco is being prescribed. No urine drug screening results are documented. When seen in October 2015, she was having persistent pain which was rated at 8/10. Physical examination findings included decreased lumbar room with positive straight leg raising. There was lumbar paravertebral muscle tightness with spasms. There was decreased lower extremity strength and sensation. Norco was continued. Quantitative urine drug testing is being requested. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant's risk is unknown. However, there are no recorded urine drug screening results and Norco is being prescribed. Urine drug screening is medically necessary. However, 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, multi-panel quantitative testing is being requested without having the results of immunoassay based screening testing. For this reason, the request is not medically necessary.