

Case Number:	CM15-0054059		
Date Assigned:	03/27/2015	Date of Injury:	07/15/2013
Decision Date:	05/05/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 60-year-old male who sustained an industrial injury on 7/15/13. The injured worker reported symptoms in the back and lower extremities. The injured worker was diagnosed as having chronic myofascial pain syndrome, cervical and thoracolumbar spine, early right carpal tunnel syndrome and mild bilateral L4/5 radiculopathy. Treatments to date have included injections and oral pain medication. Currently, the injured worker complains of pain in the back with radiation to the lower extremities. The plan of care was for Chromatography and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative, Lab report 01-23-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The patient presents with neck, upper, and lower back pain. The current request is for Chromatography, Quantitative, and Lap report 01-23-15. The treating physician states, "He reports that he has been getting greater than 50% improvement in his neck pain with the trigger point injections and notes the relief typically lasts 6-8 weeks at a time. He has been experiencing constant upper and lower back pain, which has worsened, along with intermittent numbness in his legs. He has had frequent pain and numbness in his right hand. He says he has been getting greater than 60-80% improvement in both his pain and functional ability with his current medications which decrease his pain to 2/10 from a high of 9/10 and promote an enhanced ability to perform activities of daily living with greater ease." (B.13) The current request was ordered to evaluate the patient's prescription drug treatment regimen. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 recommends drug testing as an option, although does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and in the Pain chapter for 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." In this case, the treating physician does not provide a rationale for a quantitative UDS and ODG states that "Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamics issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity." The treating physician has not documented necessity as required by the guidelines. The current request is not medically necessary and the recommendation is for denial.