

Case Number:	CM15-0059912		
Date Assigned:	04/06/2015	Date of Injury:	07/16/2009
Decision Date:	05/08/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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: Emergency 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 45-year-old individual who was injured on July 16, 2009. They have reported injury to the left shoulder and back and have been diagnosed with left shoulder subacromial bursectomy and acromioplasty and partial claviclectomy. No information was provided by provider. Only medical records available notes dated 11/5/14 notes anxiety and depression. Request for urine drug quantitative is dated 2/23/15. A Urine drug report dated 2/2/15 was submitted for review. It was positive for lorazepam only. There is no medication list submitted. There is no recent progress note or rationale for request for why a urine drug screen was requested. The treatment plan included chromatography/quantitative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography Quantative Qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-90. Decision based on Non-MTUS Citation ODG: Pain (Chronic), Urine Drug Testing.

Decision rationale: Quantitative Chromatography is a type of Quantitative Urine Drug Testing. While the MTUS Chronic pain guidelines and ACOEM guidelines have general recommendations concerning urine drug testing, both guidelines do not adequately deal with quantitative testing. As per Official Disability Guidelines (ODG), routine quantitative drug screening is not recommended due to variability in volume, concentration, metabolism etc. that makes the results none diagnostic. There is no medication list so it is unclear what medications that patient is taking, there are no recent progress notes or rationale for request therefore there is no document of risk of abuse or monitoring program. There is a recent urine drug screen and it is unclear why another is needed so soon to the other. There is no documentation by provider as to why urine drug screening was requested and why specifically why a quantitative level was needed. Quantitative Chromatography is not medically necessary.