

Case Number:	CM15-0060753		
Date Assigned:	04/07/2015	Date of Injury:	10/10/2011
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was 60 a year old male, who sustained an industrial injury, October 10, 2011 and January 17, 2014. The injured worker previously received the following treatments lumbar spine MRI, cervical spine MRI, lumbar epidural injection, cervical epidural injection, and laboratory studies, Norco, Ultram, Ambien and Prilosec. The injured worker was diagnosed with left knee sprain/strain with internal derangement, degenerative joint disease, status post injection, and cervical spine sprain/strain, and left shoulder strain/sprain, lumbar strain/sprain with multiple disk bulges, status post open reduction and internal fixation of olecranon of the left elbow. According to progress note of November 21, 2014, the injured workers chief complaint was low back pain with radiation pain radiating down to the left hip. The physical exam noted decreased range of motion to the lumbar spine. There was tightness and spasm with palpation of the lumbar paraspinal musculature bilaterally. There was hypoesthesia along the anterior and lateral aspect of the foot and ankle at the L5 and S1 dermatome level bilaterally. There was weakness with the big toe dorsi flexion and big toe planter flexion, bilaterally. Cervical spine had decreased range of motion. The foraminal compression test positive. The Spurling's test was positive. There was tightness and spasms in the trapezius aternocleidomastoid and straps muscle left and right. There was hypoesthesia along the anterior medical aspect of the forearms and wrists at C5 to C7 dermatome level. The treatment plan included of 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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Urine drug testing (UDT).

Decision rationale: Chromatography quantitative 42 units is medically necessary per the ODG and the MTUS Guidelines. The MTUS states that drug screening is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The ODG states that confirmatory testing is laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. The 1/2/15 and 2/13/15 documentation reveal that the urine drug screen was negative for prescribed norco. A chromatography quantitative 42-unit test is appropriate and medically necessary per the guidelines.