

Case Number:	CM15-0083605		
Date Assigned:	05/05/2015	Date of Injury:	07/13/2000
Decision Date:	06/05/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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: Preventive Medicine, Occupational 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 62-year-old, female who sustained a work related injury on 7/13/2000. The diagnoses have included status post right total knee surgery, cervical herniated disc with radiculitis/radiculopathy and symptoms of anxiety and depression. The treatments have included oral medications and medicated cream. In the PR-2 dated 3/20/15, the injured worker complains of neck pain with radicular symptoms down both arms. She complains of bilateral knee pain. She has some decreased range of motion in cervical spine. She has a positive foraminal compression test and a positive Spurling's test. She has a slight decrease in range of motion in both knees. She has a positive McMurray's test in both knees. She has medial joint line tenderness in both knees. The chondromalacia patellar compression test is positive in both knees. A urine drug screen was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromotography Qty 42 Units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids: Steps to take before a therapeutic trial of opioids Page(s): 77-80 and 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Urine Drug Testing.

Decision rationale: MTUS Guidelines do not address the specifics of the frequency or type of testing appropriate for urine drug screening. ODG Guidelines address this in detail and do not recommend confirmatory testing (chromotography) unless the point of service testing does inconsistent for specific prescribed drugs that is tested for. In addition, the Guidelines state that there needs to be specific rational for the additional testing of drugs that are not prescribed or considered problematic in a particular individual. These standards have not been met. Guidelines do not recommend blanket secondary testing of urine drug tests and there are no unusual circumstances to justify an exception to Guidelines. The Chromotograhy QTY 42 units is not medically necessary.