

Case Number:	CM14-0114215		
Date Assigned:	08/08/2014	Date of Injury:	07/11/2013
Decision Date:	09/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old male patient who reported an industrial injury on 7/11/2013, over 14 months ago, attributed to the performance of his customary job tasks. The patient complained of neck pain; cervical spine pain; thoracic spine pain; and lumbar spine pain along with fatigue and trouble sleeping. The patient also reported left eye twitching and tingling on the face left arm and left leg. The objective findings on examination included tenderness to the cervical spine with muscle spasms at levels C2-C7; thoracic spine demonstrated tenderness with muscle spasms at levels T6-T8; lumbar spine with tenderness and muscle spasm at levels L1-L5; left knee with tenderness; SLR was negative. The diagnosis was cervical/thoracic/lumbar spine sprain/strain; lumbar spine radiculopathy; cervical/thoracic/lumbar discopathies. The treatment plan included physical therapy; Anaprox 550 mg #90 for next 20 mg #60. The treatment plan included GC/MS column chromatography; drug screen qualitative; urinalysis qualitative; and special reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

GC/MS (Gas Chromatography/ Mass Spectrometry) Colum Chromatography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: The patient has been ordered a urine toxicology screen/qualitative chromatography without any objective evidence to support medical necessity. There is no demonstrated medical necessity for the requested GC/MS (Gas Chromatography/ Mass Spectrometry) Colum Chromatography. The requested drug test was based on policy and not medical necessity. The qualitative and quantitative urine drug screen was ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence-based guidelines. The diagnoses for this patient do not support the use of opioids, as they are not recommended for the cited diagnoses. There is no demonstrated medical necessity for a urine toxicology screen/qualitative chromatography and it is not clear the provider ordered the urine toxicology screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of opioids. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested urine toxicology screen. There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medical necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen. Therefore this request is not medically necessary.

Urinalysis Qualitative: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--drug testing; screening for addiction; Urine drug testing.

Decision rationale: There was no demonstrated medical necessity for the prescribed qualitative urine analysis for this patient in addition to a qualitative urine drug screen. There was no provided rationale supported with objective evidence to support the medical necessity of the

requested urine analysis qualitative. There is no demonstrated medical necessity for the requested qualitative urine analysis. Therefore this request is not medically necessary.

Special Reports Quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--drug testing; screening for addiction; Urine drug testing.

Decision rationale: There is no demonstrated medical necessity for a special report and there was no provided rationale by the requesting provider to support the medical necessity of a special report in relationship to the requested urine analysis; urine drug screen qualitative; and the GC/MS (Gas Chromatography/ Mass Spectrometry) Colum Chromatography. Therefore this request is not medically necessary.