MAXIMUS Federal Services

Case Number:	CM14-0144749		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2012
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, gastroesophageal reflux disease, neck pain, low back pain, and bilateral lower extremity pain reportedly associated with cumulative trauma at work first claimed on March 7, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of extracorporeal shock wave therapy; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated August 17, 2014, the claims administrator retrospectively denied a request for quantitative drug testing performed on May 27, 2014.The applicant's attorney subsequently appealed.In a May 21, 2014 orthopedic consultation, the applicant reported persistent complaints of bilateral shoulder, hand, and low back pain. Abdominal pain was also reported. It was noted that the applicant had been terminated by his former employer and that he was receiving indemnity benefits.On May 27, 2014, the applicant apparently received an EGD, which was interpreted as notable for mild generalized patchy gastritis and otherwise normal.Urine drug testing of May 27, 2014 was reviewed and was negative for every item on the panel. Multiple opioids, benzodiazepines, and antidepressant metabolites were tested for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chromatography quantitative (5/27/2014 - 6/6/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent drug testing in the chronic pain population, the MTUS does not specifically address the topic of quantitative drug testing or quantitative chromatography, as was apparently performed here. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, confirmatory and/or quantitative testing are typically not recommended outside of the emergency department drug overdose context. In this case, the applicant was apparently tested in the clinic setting as opposed to in the emergency department setting. There was no evidence of any kind of drug overdose present which would compel the quantitative testing performed on May 27, 2014. No rationale for the non-standard testing was proffered. Therefore, the request was not medically necessary.