MAXIMUS Federal Services

Case Number:	CM14-0182978		
Date Assigned:	11/07/2014	Date of Injury:	04/17/2013
Decision Date:	12/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in North Carolina. 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 injured worker is a 36-year-old male who reported injury on 04/17/2013. The mechanism of injury occurred while the injured worker was cutting fabric rolls and developed pain in the right hip. His diagnoses include triangular fibrocartilage complex tear, sprain/strain to the lumbar spine and thoracic spine, lumbar spine disc protrusion and insomnia. His past treatments included physical therapy, chiropractic treatment, medications, unspecified injections to the right shoulder, extra corporeal shockwave therapy (ECSWT) treatment, and acupuncture. No diagnostic studies were included with documentation. The injured worker's complaints on 08/05/2014 were constant mild to moderate pain of the cervical, thoracic and lumbar spine, right shoulder, elbow, wrist and hand with numbness and tingling to the bilateral lower extremities. His pain would decrease to a 3/10 with medications. Upon physical examination range of motion to the joints had increased except for the lumbar spine. His shoulder and upper trapezoid showed tenderness with impairment. The clinical note was handwritten with areas that were illegible. His medications were noted as a topical gel and unspecified pain medications. The treatment plan included internal medicine consult, pain management, therapies, and a re-evaluation in 4 weeks. The rationale for the request for outpatient chromatography was not provided within the documentation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chromatography on 09-09-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,Criteria for use of Opioids/On-Going Management/Opioids, p.

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: The California MTUS Guidelines recommend use of urine drug screens to monitor compliance with opioid use. More specifically, the Official Disability Guidelines indicate confirmation testing should be performed when the point of contact screen is negative for prescribed drugs, positive for non-prescribed opioids, or positive for illicit drugs. As documentation was lacking to indicate the type of pain medication the injured worker was taking, and there was no clinical note or point of contact drug screen submitted for 09/09/2014, the confirmation testing performed on that date is not supported as the necessity of this testing is based on results of the point of contact test. As such, the request for outpatient chromatography (RETRO) 09-09-14 is not medically necessary.