

Case Number:	CM14-0210628		
Date Assigned:	12/23/2014	Date of Injury:	03/07/2014
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 43-year-old man with a date of injury of March 17, 2014. The mechanism of injury occurred as a fall from a tree. The injured worker's working diagnoses are compression fracture vertebral body of L1 by 45-50% loss of height; lumbar spine sprain/strain rule out herniated lumbar disc with radiculitis/radiculopathy, left greater than right; left shoulder strain/strain; and left ankle strain/sprain. Pursuant to the most recent progress note in the medical record Dated September 26, 2014, the IW complains of left shoulder pain, aggravated by overhead reaching. The IW also complains of pain in the lower mid back, and lower back pain with radicular symptoms into the right and left leg. Examination of the lumbar spine reveals tightness and spasm in the lumbar paraspinal musculature bilaterally. Range of motion is decreased. Current medication is Norco 10/325mg #120, one every 4 to 6 hours for severe pain. The treating physician questioned the IW in regards to the medication (Norco), and if it has been helpful in providing relief for pain. The IW states that the medication has been of benefit and will continue to use as prescribed for the next 6 weeks. There are 3 urine drug screens in the medical record dated July 11, 2014, October 25, 2014, and October 31, 2014. All 3 urine drug screens were negative for any medications. The urine drug screen form did not have any medications listed. There was no documentation from the treating physician addressing the inconsistent urine drug toxicology screen. The current request is for retrospective review: Chromatography, quantitative. There was no documentation from the treating physician regarding the current request, as there were no progress reports or clinical documentation for October 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography quantitative that was done on 10/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen/Confirmatory Testing.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chromatography quantitative performed October 31, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Confirmatory testing: laboratory-based specific drug identification includes gas chromatography. They are used to confirm the presence of a given drug and or to identify drugs that cannot be isolated by screening tests these tests also allow for identification of drugs that are not identified in the immunoassay screen these are generally considered confirmatory and have the sensitivity and specificity around 99%. When the POC screen is appropriate for the prescribed drugs without evidence of nonprescribed drugs, confirmation is generally not necessary. Confirmation should be sought for all samples testing negative for prescribed drugs, all samples positive for non-prescribed opiates and all samples positive for illicit drugs. In this case, the injured worker's working diagnoses are compression fracture vertebral body of L1 by 45 - 50% loss of height; lumbar spine sprain/strain rule out herniated lumbar disc with radiculitis/radiculopathy, left greater than right; left shoulder strain/strain; and (strain/sprain. The last progress note in the medical record is dated September 26, 2014. The injured worker is taking Norco 10/325 mg #121 tablet every 4 to 6 hours. The injured worker was questioned by the treating physician regarding the narcotic medications. The patient states the medication has been of benefit and will continue to use as prescribed for the next six weeks. There is no other physician documentation in a progress notes in the medical record. Two subsequent urine drug screens were ordered on October 25, 2014 and October 31, 2014. Both urine drug screens were negative. The urine drug screen "form" did not have any medications listed. Again, there was no documentation from the treating physician addressing the inconsistent urine drug toxicology screen in the September 6, 2014 progress note.. Consequently, absent clinical documentation addressing the negative urine drug screens in the face of taking Norco 10/325 mg, chromatography quantitative performed October 31, 2014 is not medically necessary.