

Case Number:	CM14-0213517		
Date Assigned:	12/31/2014	Date of Injury:	07/17/2013
Decision Date:	02/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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: North Carolina, New York, Missouri
 Certification(s)/Specialty: Internal Medicine, Nephrology

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 31-year-old female with a 7/17/13 date of injury. The injury occurred when a box fell and hit her in the head. According to a progress report dated 11/12/14, the patient reported that her headaches have been occurring less frequently. She has noticed significant improvement in her neck pain with the trigger point injections and has been taking less medication. She has been taking the opioid medication Tramadol/APAP 37.5/325mg. Without medications/trigger point injections, her pain has been 1-2/10 and with her current treatment regimen, it was 0/10. Objective findings: ranges of motion of the cervical spine were slightly restricted in all planes, positive Romberg. Diagnostic impression: posttraumatic vascular type headaches and dizziness, chronic myofascial pain syndrome, cervical spine. Treatment to date: medication management, activity modification, trigger point injections. A UR decision dated 11/20/14 denied the request for chromatography, quantitative 42 units. There is no information on urine drug testing and no evidence of aberrant behavior or risk for misuse and abuse of prescribed medications for confirmatory specific drug identification test such as chromatography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromotography quantitative 42 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Drug Testing, Urine Testing in Ongoing Opiate Management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, in the present case, it is noted that this patient had a urine drug screen on 7/2/14 and 12/8/14. The results were consistent with her medication regimen, which included the opioid Tramadol/APAP 37.5/325 mg. There is no evidence of aberrant behavior or medication misuse to establish the medical necessity of additional laboratory testing in such a short period of time. Therefore, the request for Chromatography quantitative 42 units was not medically necessary.