

Case Number:	CM14-0030553		
Date Assigned:	06/20/2014	Date of Injury:	05/01/2010
Decision Date:	01/07/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 60-year young with a work injury dated 5/1/10. The diagnoses include left shoulder pain, right knee pain, and left upper extremity pain and adjustment disorder with mixed anxiety and depressed mood. Under consideration is a request for chromatography, quantitative. There is a 10/16/13 urine chromatography test which notes that citalopram is detected and all other medications were not detected. (53 total medications were listed on study.). A 9/12/13 document states that the patient also reports that he is being medicated with Ativan 1 mg/prescribed by a psychiatrist. He has also been medicated with Celexa 30 mg and Trazodone 50 mg. He mentions Cymbalta 30, mg and Xanax but he is out of, the Xanax. He also mentions Clonazepam 5/mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative: 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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain< Urine drug testing (UDT)

Decision rationale: Chromatography, quantitative is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG guidelines. The MTUS Guidelines state that when initiating opioids a urine drug screen should be done to assess for the use or the presence of illegal drugs. The ODG guidelines state that laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS), can be done. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The ODG states that in regards to when to perform confirmation testing that the when the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. The documentation is not clear on why over 50 medications were tested via quantitative chromatography. The documentation does not indicate that the patient meets the requirements for confirmatory testing for all of the medications noted on testing. The request for quantitative chromatography is not medically necessary.