

Case Number:	CM15-0001954		
Date Assigned:	02/10/2015	Date of Injury:	10/25/2012
Decision Date:	03/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	01/05/2015

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 is a 46 year old male, who sustained an industrial injury on 10/25/2012. The diagnoses have included post-traumatic cognitive dysfunction and insomnia, post-traumatic daily headaches as well as cervicogenic headaches, uncontrolled, chronic myofascial pain syndrome and right knee sprain. Treatment to date has included occipital nerve blocks, trigger point injections, home exercises and stretching, aquatic therapy, deep breathing techniques and medications. Currently, the IW complains of constant neck pain and occasional double vision. He reports persistent forgetfulness and states that pain is disrupting his sleep and affecting his ability to concentrate. He remains depressed with a score of 8/10 with 10 being the worst. Objective findings included slightly restricted range of motion of the cervical spine in all planes. There are multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene and infraspinatus muscles. Neck compression test is positive and Romberg is negative. On 11/26/2014, Utilization Review non-certified a request for chromatography, quantitative noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 1/06/2015, the injured worker submitted an application for IMR for review of chromatography, quantitative.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 & 94. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chromatography quantitative 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. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the requesting physician's diagnoses are uncontrolled diabetes mellitus and urinary tract infection according to a September 5, 2014 progress note. Additional diagnoses are headache, dizziness, eye irritation, left elbow pain, right knee pain and bilateral hand pain. Notably, the injured worker had a negative urine drug screen May 14, 2014. Other than Metformin, there are no medications listed in the requesting physician's documentation. There are no opiates, muscle relaxants or benzodiazepines listed. There is no documentation of aberrant drug-related behavior. Confirmatory urine drug testing is helpful when is an abnormality noted on a screening point of care urine drug screen performed in the office. Prior to a urine drug screen, a screening questionnaire should be administered. This information is not present in the medical record. The utilization review physician attempted to contact the treating physician to retrieve this information. This attempt was unsuccessful. The documentation is incomplete for the purpose of ordering a urine drug screen and or confirmatory testing. Consequently, absent clinical documentation to support a urine drug screen and confirmatory testing with a prior negative urine drug screen May 2014, chromatography quantitative is not medically necessary.