

Case Number:	CM15-0005739		
Date Assigned:	02/02/2015	Date of Injury:	05/05/2000
Decision Date:	03/23/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 74 year old female who sustained an industrial injury on 05/05/2000. She has reported pain in the right knee following a knee replacement, and back pain that radiates down both posterior thighs. Diagnoses include: Opioid dependence-Contin, Lumbar Radiculitis, Herniated disc lumbar spine, chronic pain syndrome, myofascial syndrome, neuropathic pain, chronic pain-related anxiety, and chronic pain related insomnia. Treatment to date includes medications and medication monitoring. In a progress note dated 06/04/2013 the treating provider reports that the IW is reporting low back pain with radicular symptoms and pain at a 5/10 with medications, averaging a 7/10 over the week preceding the visit. Pain without medications is rated at a 7/10. On 12/15/2014 Utilization Review non-certified a request for Retrospective Chromatography (DOS: 6/19/13), noting that the medical necessity is not established in the presented documentation. The MTUS, Chronic Pain Opioids Guidelines were cited. On 12/15/2014 Utilization Review non-certified a request for Retrospective multiple drug screens consisting of chromatography , opiates, drug confirmation each procedure, alcohol, creatinine, UA dip without micro (DOS: 6/19/13), noting that the medical necessity is not established in the presented documentation. The MTUS, Chronic Pain Opioids Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chromatography (DOS: 6/19/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing page 43.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Chromatography. MTUS guidelines state the following: only Urine Drug screen is recommended as an option. According to the clinical documentation provided and current MTUS guidelines; Chromatography is not indicated as a medical necessity to the patient at this time.

Retrospective multiple drug screens consisting of chromatography qual, opiates, drug confirmation each procedure, alcohol, creatinine, UA dip without micro (DOS: 6/19/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing page 43.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Chromatography. MTUS guidelines state the following: Urine Drug screen is recommended as an option. It is unclear why the other methods in the screen are being requested. According to the clinical documentation provided and current MTUS guidelines; multiple drug screens, per above, are not indicated as a medical necessity to the patient at this time.