

Case Number:	CM15-0006264		
Date Assigned:	01/26/2015	Date of Injury:	12/27/2012
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female sustained an industrial injury via cumulative trauma from 5/17/12 to 5/17/13, with subsequent ongoing right upper extremity, neck and lumbar spine pain. The injured worker was diagnosed with right carpal tunnel syndrome. Treatment included physical therapy, acupuncture, medications, right carpal tunnel release, home cervical traction, TENS unit and home exercise. In a PR-2 dated 11/18/14, the injured worker complained of headache and nausea secondary to medications as well as pain to the cervical spine, lumbar spine, thoracic spine and bilateral wrists, hands, elbows and shoulders. Pain was rated at 7-8/10 on the visual analog scale. Physical exam was remarkable for positive Tinel's sign and increased range of motion to the right wrist. Current diagnoses included sprain/strain of the cervical spine, lumbar spine and thoracic spine, strain of unspecified site of shoulder and upper arm and hypertension. The treatment plan included continuing medication, chiropractic therapy twice a week for four weeks and urinalysis. On 12/30/14, Utilization Review noncertified a retrospective request for Chromatography with a date of service of 11/19/2014 citing CA MTUS, ACOEM and ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Chromatography with a date of service of 11/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 77. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: This patient presents with cervical spine, thoracic spine, lumbar spine, bilateral shoulder and bilateral wrist/hand pain. The current request is for retrospective request for chromatography with a date of service of 11/19/2014. The utilization review denied the request stating that documentation did not objectively support the request for chromatography, and the indication for this type of study is not stated and none can be ascertained from the file. The MTUS Guidelines page 76, under opiate management; considered use of urine drug screen test is for the use of presence of illegal drugs. The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screens should be obtained for various risks of opiate users. ODG Guidelines recommends once-yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. In this case, there is no indication that patient is taking opioids. As indicated in progress report dated 11/19/2014 and 10/28/2014, the patient has been prescribed the medication cyclobenzaprine and Prilosec. Given the patient is not on an opiate regimen. The requested chromatography IS NOT medically necessary.