

Case Number:	CM15-0015856		
Date Assigned:	02/03/2015	Date of Injury:	12/07/2011
Decision Date:	03/27/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/27/2015

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 49-year-old female sustained work-related injury due to cumulative trauma on 12/7/2011. The neck, shoulders, wrists, hands and low back were affected. According to the progress notes dated 12/5/2014, the injured worker's (IW) diagnoses include cervical spine sprain/strain with herniated nucleus pulposus; left shoulder strain, rule-out (R/O) tendinitis, rotator cuff tear, impingement syndrome; right wrist sprain/strain, R/O internal derangement, tendinitis or carpal tunnel syndrome; left ankle sprain/strain, R/O internal derangement; lumbar sprain/strain, herniated nucleus pulposus with radiculitis and intratendinous partial tear of the left supraspinatus tendon (per MRI dated 7/24/13). She reports low back and left shoulder pain, with numbness, tingling and weakness in both legs and feet. Previous treatments include rest, activity modification, medications, physical therapy, injections and physiotherapy. The treating provider requests chromatography, quantitative- 42 units for comprehensive drug panel. The Utilization Review on 12/26/2014 non-certified chromatography, quantitative- 42 units for comprehensive drug panel, citing CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, quantitative- 42 units for comprehensive drug panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80; 94.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

Decision rationale: The patient presents with low back and left shoulder pain, with numbness, tingling and weakness in both legs and feet. The request is for CHROMATOGRAPHY, QUANTITATIVE 42 UNITS FOR COMPREHENSIVE DRUG PANEL. The RFA is not available. Patient's diagnosis included cervical spine sprain/strain with herniated nucleus pulposus; left shoulder strain, rule-out (R/O) tendinitis, rotator cuff tear, impingement syndrome; right wrist sprain/strain, R/O internal derangement, tendinitis or carpal tunnel syndrome; left ankle sprain/strain, R/O internal derangement; lumbar sprain/strain, herniated nucleus pulposus with radiculitis and intratendinous partial tear of the left supraspinatus tendon. The patient is temporarily totally disabled.MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 recommends drug testing as an option, although does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and in the Pain chapter for Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only."On 07/18/14 and 10/03/14 the urine toxicology results appeared consistent with the prescribed medications. The request for the urine chromatography test without rationale or discussion of unexpected results or any inconsistent results from the qualitative urine test is not in accordance with ODG guidelines. The treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding the patient being at risk for any aberrant behaviors. The request for the chromatography test IS NOT medically necessary.