MAXIMUS Federal Services

Case Number:	CM15-0179364		
Date Assigned:	09/21/2015	Date of Injury:	08/17/2012
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 31 year old man sustained an industrial injury on 8-17-2012 after a 42 foot fall. Diagnoses include cervical spine sprain-strain with radiculitis, right shoulder sprain-strain with grade II separation, rule out tendonitis of the shoulder, bilateral rotator cuff and impingement syndrome, left shoulder sprain-strain rule out tendonitis, thoracic spine sprain-strain rule out herniated nucleus pulposus, possible rib fractures, lumbar spine sprain-strain, rule out lumbar disc with radiculitis-radiculopathy, mild ligamentous left hip sprain with surgical repair, rule out left hip internal derangement and avascular necrosis, right sacroiliac tendinitis, symptoms of insomnia, anxiety, depression, and seizure disorder. Treatment has included oral medications. Physician notes dated 7-10-2015 show complaints of multiple seizures in the past few weeks and a subsequent hospitalization. The physical examination shows bruising from the seizure on his left arm and torso. Recommendations include follow up with neurology, Norco, Xanax, urine drug screen, and follow up as needed. Utilization Review denied a request for chromatography citing the worker has underwent multiple urine drug screens, therefore, another screen is not medically necessary at this time as there is no suspicion of abuse, addiction, illegal use, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative 42 Units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Key case points are as follows. The claimant was injured in 2012 after a 42 foot fall. Diagnoses include cervical spine sprain-strain with radiculitis, right shoulder sprain-strain with grade II separation, rule out tendonitis of the shoulder, bilateral rotator cuff and impingement syndrome, left shoulder sprain-strain rule out tendonitis, thoracic spine sprain-strain rule out herniated nucleus pulposus, possible rib fractures, lumbar spine sprain-strain, rule out lumbar disc with radiculitis-radiculopathy, mild ligamentous left hip sprain with surgical repair, rule out left hip internal derangement and avascular necrosis, right sacroiliac tendinitis, symptoms of insomnia, anxiety, depression, and seizure disorder. The worker underwent multiple urine drug screens. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary under MTUS criteria.