

Case Number:	CM14-0140792		
Date Assigned:	09/10/2014	Date of Injury:	08/04/2013
Decision Date:	10/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 41-year-old female with an 8/4/13 date of injury. On 7/2/14, there was a request for authorization for Chromatography, Quantitative. At that time, there is documentation of subjective complaints of pain in the neck with radicular symptoms into the left arm; pain in the left shoulder aggravated with overhead reaching and overhead lifting; and pain in the left wrist aggravated with repetitive forceful gripping and grasping. Also, there are objective findings including: left wrist range of motion is extension 45, flexion 45, radial deviation 20, and ulnar deviation 30; and positive Tinel's and Phalen's on the left. Current diagnoses are listed as cervical sprain/strain, herniated cervical disc with radiculitis, left shoulder sprain/strain rule out tendinitis, impingement, rotator cuff tear, internal derangement, left wrist sprain/strain rule out internal derangement, and left hand sprain/strain carpal tunnel syndrome. Treatment to date has included physical therapy, wrist bracing, and medications (including ongoing treatment with Norco and Prilosec). There is no documentation of abuse, addiction, or poor pain control or any indication for chromatography.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify the following criteria in order to support the medical necessity of Urine Drug Screen: documentation of abuse, addiction, or poor pain control in a patient under on-going opioid. To support the medical necessity of chromatography, quantitative, ODG recommends the use of confirmatory testing with gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) for the following indication(s): all samples test negative for prescribed drugs, all samples test positive for non-prescribed opioids, and/or all samples test positive for illicit drugs. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, herniated cervical disc with radiculitis, left shoulder sprain/strain rule out tendinitis, impingement, rotator cuff tear, internal derangement, left wrist sprain/strain rule out internal derangement, and left hand sprain/strain carpal tunnel syndrome. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. In addition, there is no documentation of indications for chromatography as listed above. Therefore, based on guidelines and a review of the evidence, the request for Chromatography, Quantitative is not medically necessary.