

Case Number:	CM14-0141416		
Date Assigned:	09/10/2014	Date of Injury:	01/26/2010
Decision Date:	10/06/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/02/2014

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 Emergency Medicine 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:

The patient with reported date of injury on 1/26/2010. Mechanism of injury is described as a lifting injury. Patient has a diagnosis of lumbar spine strain/sprain, herniated nucleus Pulposus at L4-5 and L5-S1, lower extremity radiculitis, anxiety, depression, insomnia and diabetes. Medical reports reviewed. Last report available until 8/29/14. Patient complains of low back pain. Objective exam reveals decreased Range of motion of lumbar region, tenderness to paraspinal muscles with spasms. Postive Kemp's test. Positive straight leg raise. A urine drug screen done on 8/8/14 was provided for review but this UDS is the test that is currently being reviewed so the results do not change the outcome or criteria for IMR as per MTUS guidelines. No imaging or eletrodiagnostic reports were provided for review. Patient is reportedly on Norco, Prilosec, Anaprox and diabetes medications. Independent Medical Review is for Quantitative Chromatography #42. Prior UR on 8/23/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Chromatography QTY #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines- Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain (Chronic)>, <Urine Drug Testing>

Decision rationale: Quantitative Chromatography is a type of Quantitative Urine Drug Testing. While the MTUS Chronic pain guidelines and ACOEM guidelines have general recommendations concerning urine drug testing, both guidelines do not adequately deal with quantitative testing. As per Official Disability Guidelines(ODG), routine quantitative drug screening is not recommended due to variability in volume, concentration, metabolism etc. that makes the results none diagnostic. Patient is chronically on opioids but there is no documentation of drug abuse concerns or change in patient's pain or medication use. There is no documentation by provider as to why urine drug screening was requested and why specifically why a quantitative level was needed. Quantitative Chromatography is not medically necessary.