

Case Number:	CM14-0144680		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2014
Decision Date:	10/07/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 52 year old male with an injury date of 03/07/14. Based on the 04/11/14 progress report by [REDACTED], the patient complains of low back, left shoulder and left ankle pain. Physical examination to the Lumbar Spine reveals decreased range of motion, especially on extension 10 degrees. Examination to the left ankle reveals tenderness over tarsal tunnel, medial and lateral malleolus, and lateral instability. Range of motion of left shoulder is decreased, especially on internal rotation 60 degrees. Patient's medications include Anaprox, Prilosec, Ultram and Norco. Diagnosis 04/11/14- compression fracture vertebral body L1 by 45-50%, loss of height, rule out lumbar disc with radiculopathy/radiculitis, left greater than right- left shoulder sprain/strain- left ankle sprain/strain. [REDACTED] is requesting Chromatography Quantitative (42 units). The utilization review determination being challenged is dated 08/06/14. The rationale is "there is no documentation of a rationale for the use of these services (comprehensive drug panel). Urine drug testing should be made to aid in evaluating medication compliance and adherence." [REDACTED] is the requesting provider, and he provided treatment reports from 04/11/14 - 06/26/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Urine Drug testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG guidelines have the following regarding Urine Drug Screen:

Decision rationale: Patient complains of low back, left shoulder and left ankle pain. The request is for Chromatography Quantitative (42 units). Chromatography or liquid chromatography is the quantitative portion of the urine toxicology performed on abnormal items. Per diagnosis dated 04/11/14, patient has compression fracture vertebral body L1 by 45-50%, loss of height, left shoulder and left ankle sprain/strain. Norco is included in patient's list of medications per physician report dated 04/11/14. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, while it would be reasonable to obtain urine drug screen, it is not medically necessary to perform "chromatography" on all screened items. Furthermore, the request is for 42 items which is quite excessive. Typically, urine drug screens test 12-15 items, which should be sufficient to accomplish opiate management. Therefore the request is not medically necessary.