

Case Number:	CM14-0146235		
Date Assigned:	09/12/2014	Date of Injury:	03/18/2009
Decision Date:	10/21/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/09/2014

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 and is licensed to practice in Pain Medicine. 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 injured worker is a 36 year old female who reported an injury to her right wrist and both shoulders. The clinical note dated 07/09/14 indicates the injured worker demonstrating a positive Phalen's sign at the right carpal tunnel. Tenderness was identified at the distal radial ulnar joint at the right. Range of motion deficits were identified in both shoulders to include 160 degrees of right shoulder flexion, 150 degrees of abduction, and 65 degrees of internal rotation. The injured worker was identified as having a positive impingement test bilaterally. A subacromial grinding and clicking was identified at both humerus regions. The injured worker had been recommended for an MRI of both shoulders at that time. The note indicates the injured worker utilizing Norco for pain relief at that time. The MRI of the right shoulder revealed minimal subscapularis bursitis with minimal glenohumeral effusion. A request made for Chromatography 42 units and 10 panel random Urine Drug Screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results x1 was denied in the pre-authorization process on August 06, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography 42 units: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.) Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins; 2.) Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The documentation indicates the injured worker complaining of pain at several sites. Chromatography is indicated for injured workers who have demonstrated significant pathology and analytical studies would demonstrate a significant benefit in the injured worker's treatment pathway. The documentation indicates the injured worker having been treated with pharmacological interventions. No information was submitted regarding the need for ongoing chromatography. Therefore, this request for chromatography 42 units is not indicated as medically necessary.

10 panel random Urine Drug Screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Urine Drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug testing Page(s): 43.

Decision rationale: The documentation indicates the injured worker utilizing opioid therapy for ongoing pain relief. However, no information was submitted regarding the injured worker's aberrant behaviors, inconsistent findings on previous urine studies, or the injured worker being at risk for drug misuse. Without this information in place, it is unclear how the injured worker would benefit from a qualitative analysis at this time. Therefore, this request for a 10 panel random urine drug screen for qualitative analysis is not indicated as medically necessary.