MAXIMUS Federal Services

Case Number:	CM14-0147490		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2012
Decision Date:	10/20/2014	UR Denial Date:	08/19/2014
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 Occupational 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 is a 32 year old male with a date of injury on 03/07/2012. The mechanismof injury is unknown. Prior medication history included ibuprofen and Tylenol #3.According to the UR, the patient was seen on 03/26/2012 for his industrial injuries. Hereported on 07/30/2012, bilaterally shoulder pain and low back pain radiating to bilaterallower extremities. His exam revealed forward flexion of the lumbar spine anddecreased forward flexion and abduction of bilaterally shoulders. He has a request for aurine drug screen. Prior utilization review dated 08/19/2014 states the request for retrospective request for (1) Chromatography quantitative between (07/30/2012 and 08/16/2012) is denied asmedical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for (1) Chromatography quantitative between (07/30/2012 and 08/16/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) guidelines, urine drug testing is recommended for patients taking opioids with frequency of testing dependent on risk of aberrant behavior or abuse. In this case a request is made for retrospective quantitative chromatography for a 32-year-old male with chronic pain. However, according to provided records, the patient does not appear to have been prescribed opioids at the time of the request. There is no discussion of high risk of aberrant behavior or abuse. Further, the patient had a urine drug screen 1 month prior on 6/15/12 that was negative. Medical necessity is not established.