

<b>Case Number:</b>	CM13-0007528		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	02/15/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, 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 physician 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 54-year-old injured worker who reported an injury on 12/31/2012. The mechanism of injury was continuous trauma related to job duties. The patient's diagnoses were spinal strain with degenerative spondylosis, left knee tendinopathy with chondromalacia, and left thumb hyperextension, carpometacarpal arthrosis. The patient's course of treatment is unclear; however, there was a neurodiagnostic study provided for review. This was performed on 05/17/2013 and reported a bilateral S1 radiculopathy. The only clinical note submitted for review was a First Report of Occupational Injury dated 04/12/2013. There is no description of the patient's medications, previous diagnostic studies or therapies, and no inclusion of a urine drug screen. There was no other clinical information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Chromatography, qualitative: column analyte not elsewhere specified, quantity 37, 5/30/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS/ACOEM Guidelines did not address urine drug testing; therefore, the Official Disability Guidelines (ODG) were supplemented. ODG states that when urine drug testing, a point of contact immunoassay test is recommended. If the initial test results are appropriate as compared to the point of contact test, then confirmatory lab testing is not required. Furthermore, Guidelines state that the only time to perform urine confirmatory testing is when a urine drug test is negative for a prescribed drug or positive for a non-prescribed drug. The medical records submitted for review did not include a point of contact immunoassay test, nor did it include the preliminary urine drug screen results. The retrospective request for Chromatography, qualitative: column analyte not elsewhere specified, quantity 37, 5/30/2013, is not medically necessary and appropriate.

**Retrospective request for opiates, drug and metabolites, each procedure, quantity 6, 5/30/2013: 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 Official Disability Guidelines (ODG), Pain, Urine Drug Testing

**Decision rationale:** The California MTUS/ACOEM Guidelines did not address urine drug testing; therefore, the Official Disability Guidelines (ODG) were supplemented. ODG states that when urine drug testing, a point of contact immunoassay test is recommended. If the initial test results are appropriate as compared to the point of contact test, then confirmatory lab testing is not required. Furthermore, Guidelines state that the only time to perform urine confirmatory testing is when a urine drug test is negative for a prescribed drug or positive for a non-prescribed drug. The medical records submitted for review did not include a point of contact immunoassay test, nor did it include the preliminary urine drug screen results. The retrospective request for opiates, drug and metabolites, each procedure, quantity 6, 5/30/2013 is not medically necessary and appropriate.

**The retrospective request for urinalysis, quantity 1, 5/30/2013: 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 Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing

**Decision rationale:** The California MTUS/ACOEM Guidelines state that urine drug screening should be initiated prior to a therapeutic trial of opioids. The patient's injury occurred in 2012 and there is no provision of clinical notes stating the date of initiation of opioid therapy. There were also no urine drug screens available for review and therefore, it cannot be determined if this is a preliminary urine drug screen or a follow up for ongoing management. The California MTUS/ACOEM guidelines do not address the frequency of urine drug testing in ongoing opioid therapy; therefore, the Official Disability Guidelines (ODG) was supplemented. The ODG states that the frequency of urine drug screening is determined by the patient's stratification risk assessment. High-risk patients include those with active substance abuse disorders, and should be tested up to monthly. Those at a moderate risk, including those with a stable addiction disorder, patients in unstable or dysfunctional social situations, and patients with comorbid psychiatric pathologies, should be tested 2 to 3 times a year. Patients at low risk, including those with no at risk behaviors or diagnoses, should be tested on a yearly basis. As it is unclear how long the patient has been on opioid therapy, and no risk stratification assessment was included, the medical necessity of a urine drug screen cannot be determined. The retrospective request for urinalysis, quantity 1, 5/30/2013 is not medically necessary and appropriate.

**Retrospective request for Creatinine; other source; quantity 1, 5/30/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM Guidelines state that the managing health professional can perform special studies or tests as long as they are indicated and specific for a related condition. Guidelines also state that testing can be done to confirm clinical data. Urine creatinine can be tested to evaluate how well the kidneys are working; however, the clinical notes provided for review did not provide a list of the patient's current medications. There is also a lack of documentation reporting any history of kidney compromise, and only 1 recorded blood pressure during a time the patient was under extreme duress. Without clinical information supporting the need for renal evaluation, the test is not indicated. The retrospective request for Creatinine; other source; quantity 1, 5/30/2013 is not medically necessary and appropriate.