

<b>Case Number:</b>	CM13-0036204		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/02/2006
<b>Decision Date:</b>	02/15/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Orthopedic Surgery 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 56 year old female with an industrial injury from 10/02/2006. Her injuries were to the back and bilateral knees. There was an illegible exam report from 08/05/2013. No records were provided with Gas/liquid chromatography on 08/17/2011. There were also no attached service notes from 08/17/2011 or 01/24/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gas/liquid chromatography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**Decision rationale:** Per the California MTUS Chronic Pain Medical Treatment Guidelines, use of urine toxicology is encouraged particularly when opioids are prescribed. The guidelines state that frequent random urine toxicology screens are included as one of the steps to avoid misuse of opioids, in particular, for those at high risk of abuse. In this case, there are no examination notes from the date of service 08/17/2011 or evidence of drug misuse to warrant urine toxicology.

Therefore, the gas/liquid chromatography performed on 08/17/2011 was not medically necessary.

**Gas/liquid chromatography performed on 01/24/2012:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

**Decision rationale:** Per the California MTUS Chronic Pain Medical Treatment Guidelines, use of urine toxicology is encouraged particularly when opioids are prescribed. The guidelines state that frequent random urine toxicology screens are included as one of the steps to avoid misuse of opioids, in particular, for those at high risk of abuse. In this case, there are no examination notes from the date of service 01/24/2012 or evidence of drug misuse to warrant urine toxicology. Therefore, the gas/liquid chromatography performed on 01/24/2012 was not medically necessary.