

<b>Case Number:</b>	CM13-0045366		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/12/2008
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Medicine and is licensed to practice in Florida. 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 63-year-old female with a date of injury of 11/12/2008. The patient sustained a left knee patella fracture. The mechanism of injury is not discussed. She underwent an ORIF with retained hardware, and then had a removal of hardware on 9/12/2010. She also has a history of having a right elbow ulnar transposition procedure on 3/12/2011. She has been given the following diagnoses: chronic pain syndrome, right shoulder tendinitis, impingement, rotator cuff tear, right elbow lateral epicondylitis, left patellar fracture with history of ORIF, stress and depression. In addition to the aforementioned surgeries, prior treatment has also included physical therapy and medications - specifically narcotics. This patient has been chronically taking Norco. She has appropriately passed drug screens that have been performed. The most recently discussed drug screen was performed in 04/2013. A utilization review physician did not authorize additional drug testing using Chromatography technology citing as his reason that there has been no evidence of aberrant drug behavior. Likewise, an Independent Medical Review was requested to determine the medical necessity of additional drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHROMATOGRAPHY, QUANTITATIVE, COLUMN (EG, GAS, LIQUID OR HPLC); SINGLE ANALYTE NOT ELSEWHERE SPECIFIC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78-79.

**Decision rationale:** The request is for "Quantitative Hydrocodone" and "Chromatography." According to the documentation that has been provided this patient has been taking Norco without any evidence of aberrant behavior. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. Since no aberrant behavior is suspected, and this patient has only had the prescribed Norco show up on drug screens, this additional drug testing is not considered medically necessary.

**QUANTITATIVE HYDROCODONE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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