

<b>Case Number:</b>	CM14-0170882		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 59-year-old male with an 8/9/12 date of injury. The mechanism of injury occurred when he fell onto his right side of his body while carrying a ladder upstairs. According to a handwritten and partially illegible progress report dated 9/29/14, the patient rated his cervical spine pain 8/10, lumbar spine pain 8/10, right knee pain 6/10, and left knee pain 8/10. He stated that his medications decreased pain and increased activities of daily living. His medication regimen included cyclobenzaprine, hydrocodone/APAP 2.5/325mg, and omeprazole. Objective findings: limited range of motion bilateral knees with crepitus, significant limp in ambulation. Diagnostic impression: cervical sprain/strain, lumbar sprain/strain, left knee complete ACL tear, knee and leg sprain/strain. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/6/14 denied the request for chromatography. It appears that the request is for urine drug screening. The medical records do not establish that this patient has issues of abuse, addiction, or poor pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine Testing in Ongoing Opiate Management Page(s): 43; 78.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. According to the UR decision dated 10/6/14, it appears that this request is for urine drug screening. It is noted that the patient is currently taking hydrocodone/APAP 2.5/325mg. Guidelines support routine urine drug screens, up to 4 a year, in patients utilizing chronic opioid therapy. However, the quantity of urine drug screens requested is not noted. Therefore, the request for Chromatography, as submitted, was not medically necessary.