

<b>Case Number:</b>	CM14-0021218		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/09/2006
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 74-year-old male who has submitted a claim for wrist sprain associated with an industrial injury date of May 9, 2006. Medical records from 2012 to 2013 were reviewed. The patient complains of left wrist and hand pain rated 5/10 accompanied by difficulty falling asleep and anxiety. Physical examination showed nonspecific tenderness of the left wrist, and markedly decreased grip strength of the left hand. The diagnoses were left wrist sprain/strain and left hand strain. Chiropractic therapy and paraffin bath therapy were recommended. Treatment to date has included oral and topical analgesics, left hand surgery, trigger finger injections and physical therapy. Utilization review from February 5, 2014 denied the request for retro review for quantitative chromatography for DOS 7/16/13 and 11/7/13 because there was no documentation of provider concerns over patient use of illicit drugs or non-compliance with prescription medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE QUANTITATIVE CHROMATOGRAPHY WITH DATES OF SERVICE 7/16/13 AND 11/7/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient's previous pain medications were not discussed. There was no evidence of the patient having a high risk for aberrant drug use behavior that may warrant drug testing. There is no clear rationale for the request. The medical necessity was not established due to lack of information. Therefore, the request for retrospective quantitative chromatography with dates of service 7/16/13 and 11/7/13 are not medically necessary.