

<b>Case Number:</b>	CM14-0024962		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Texas. 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 injured worker is a 61 year old male who was injured at work on 09/23/2010. The injured worker is reported to be complaining of 8-9/10 neck pain that radiates from the right side of the neck to his right arm. The pain limits him from turning his neck. In addition, he suffers from 8-9/10 pain in his shoulders, thorax and lower back. The pain is worsened by activities. He is reported to be experiencing bouts of depression, anxiety, stress, nervousness, and memory loss that required consultations with a psychologist in the past. His physical examination revealed positive for limited range of motion of the cervical, thoracic and lumbar spine, as well as cervical tenderness, tenderness of the right shoulder; complete right shoulder right supraspinatus tendon tear; positive impingement signs, positive straight leg raise and laseque signs. He has been diagnosed of cervical sprain; shoulder sprain, and thoracolumbar sprain. Treatments have included acupuncture, shockwave therapy, physical therapy, TENS unit, bracing, trigger point injections, and medications. The urine drug screen of 12/09/2013 revealed, presence of Tramadol, which had not been prescribed by the treating provider. At dispute is the retrospective request for 1 chromatography, quantitative (between 11/14/2013 and 11/14/2013).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 CHROMATOGRAPHY, QUANTITATIVE (BETWEEN 11/14/2013 AND 11/14/2013):**

Overtuned

**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): 78,88,91.

**Decision rationale:** The injured worker sustained a work related injury on 09/23/2010. The medical records provided indicate the diagnosis of cervical sprain; shoulder sprain, and thoracolumbar sprain. Treatments have included acupuncture, shockwave therapy, physical therapy, TENS unit, bracing, trigger point injections, and medications. The medical records provided for review indicate a medical necessity for 1 chromatography, quantitative (between 11/14/2013 and 11/14/2013). Although there is no history of alcohol abuse or substance abuse, the complaints of depression, anxiety, stress, nervousness, and memory loss that required evaluation by a psychologist, and the presence of Tramadol in his December 09/2013 urine drug test indicates he is at moderate to high risk for drug abuse or misuse. The MTUS recommends closer monitoring with more frequent visits when there are less serious warning signs for addiction and misuse; or when there are issues with pain control. One of such monitoring is use of urine drug test (this involves the use of quantitative chromatography). The requested test is medically necessary.