

<b>Case Number:</b>	CM14-0025274		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/20/2014
<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 Physical Medicine and Rehabilitation 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 60 year old male who was injured on 06/30/2011. The mechanism of injury is unknown. The patient is noted to have a diagnosis of back pain. There are no other reports for review. Toxicology report dated 03/26/2014 did not detect any medications. No prescription medications were indicated. Prior utilization review dated 02/20/2014 states the request for chromatography quantitative is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHROMATOGRAPHY QUANTITATIVE:** Upheld

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

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

**Decision rationale:** As per the California MTUS guidelines, urine drug screen is used to assess for the use or the presence of illegal drugs. Per ODG guidelines, quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamics issues including variability in volumes of distribution

and inter-individual / intra-individual variability in drug metabolism. Furthermore, there is no documentation of any prescription medications in this patient and the toxicology report dated 03/26/2014 did not detect any medications. Therefore, the medical necessity has not been established.