

<b>Case Number:</b>	CM14-0039218		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 60-year-old male with a 8/18/13 date of injury. The mechanism of injury was when the patient was stacking up barrels with a co-worker; he lost his balance and strained a muscle. According to a 4/10/14 comprehensive medical report, the patient had been referred by his primary treatment physician for evaluation and treatment recommendations regarding hypertension and hypercholesterolemia and aortic sclerosis. Objective findings include slight tenderness in right paramedian and periumbilical region, tenderness along the thoracolumbar spine and paralumbosacral soft tissues, mild tenderness in superior posterior aspect of bilateral shoulders, mild tenderness in the lateral epicondyles of bilateral elbows, tenderness in the dorsal aspect of bilateral wrists. Diagnostic impression is low back pain, hypertension, and hypercholesterolemia. Treatment to date includes medication management and activity modification. A UR decision dated 3/12/14 denied the request for chromatography, quantitative. In this case, there was no available medical report that may justify the medical necessity of this request.

### 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  
Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) ODG - TWC Pain Procedure Summary last updated 01/07/2014 Urine Drug Testing (UDT).

**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.

**Decision rationale:** The California MTUS does not address this issue. The Official Disability Guidelines states that there should be documentation of an addiction-screening test using a formal screening survey in the records prior to initiating treatment; frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) 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. The tests also allow for identification of drugs that are not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. There is no documentation in the reports provided as to why chromatography testing is required in this patient. Therefore, the request for chromatography quantitative is not medically necessary.