

<b>Case Number:</b>	CM14-0043084		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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:

This patient is a 46-year-old male with a date of injury of 11/01/2010. Subsequent to the injury, the patient has developed chronic spinal pain with lower extremity radiation. Lumbar MRI (magnetic resonance imaging) studies showed moderate spondylitic changes with possible single level foraminal stenosis. Electrodiagnostic studies did not reveal a radiculopathic pattern, but was consistent with anterior tarsal tunnel syndrome. The treatment for anterior tarsal tunnel syndrome is not reported in the records reviewed. The treatment has included physical therapy and chiropractic treatment. The chiropractic manipulative treatment is reported to cause increased discomfort. The patient is treated with oral analgesics including opioids. Percocet 10mg/325mg average use of 5 per day is reported. A short trial of oral Morphine Sulfate was not successful. Urine drug screening is reported for a collection dated 7/03/13 and reported 7/15/13. There is no reporting of initial immunoassay qualitative screening and there is no explanation of the medical necessity for gas chromatography quantitative testing. No illicit drug use or aberrant drug behaviors are reported. The reported drugs and metabolites are consistent with prescribed medications.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://teaching.shu.ac.uk/hwb/chemistry/tutorials/chrom/chrom1.htm> (Chromatography Introduction).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids avoiding misuse Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urinary Drug Testing.

**Decision rationale:** The MTUS Guidelines support periodic urine drug testing, but does not provide details on the types of testing or the appropriate use of confirmatory testing. The Official Disability Guidelines (ODG) recommends initial immunoassay qualitative testing and if the results are consistent with prescriptions there is no need for additional testing. Quantitative testing of urine samples is specifically addressed in the guidelines and is not recommended without specific rationale justifying the quantitative testing. In addition, no medical rationale is found supporting the medical necessity of quantitative testing/reporting. As such, the request for chromatography quantitative drug testing is not medically necessary.