

<b>Case Number:</b>	CM14-0055854		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/15/2006
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 54-year-old female injured 03/15/2006 due to lifting. The injured worker sustained injuries to her right and left hands, her left elbow, her left shoulder, and her lumbar spine. The injured worker was placed on conservative care and received the following medications: Pristiq, Soma, Norco, Ambien CR, and Flector patches. The injured worker received a numerous surgeries beginning with carpal tunnel release to the right hand on 05/26/2006, left shoulder video arthroscopy in 10/2006, left shoulder arthroscopic debridement, repeat claviclectomy in 09/2007, left elbow cubital tunnel release, medial epicondylectomy in 11/2007, anterior cervical spine fusion at C5-6 and C6-7 on 09/06/2008, left shoulder rotator cuff repair on 10/13/2009, left hand carpal tunnel release on 10/13/2009, and left lateral epicondylectomy on 07/11/2013. The injured worker continues to voice objective complaints of pain and of pain increasing. The injured worker has not been returned to work since the accident complaining of loss of range of motion and reiterating the ongoing pain and the increase in pain. The injured worker has received 2 drug screens from the physician. The first drug screen was on 07/12/2013 where she tested positive for Tramadol and Oxycodone. Tramadol was the medication that was not part of her medication list. On 09/06/2013, a drug screen indicated none of the prescribed medications were in her urine at the time of the test. The physician is requesting a chromatography quantitative urine drug test. The request for authorization form was signed on 01/23/2014 with no specific rationale provided and is ready for review at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Chromatography Quantitative (Urine Drug Test) #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ,Pain ,Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing.

**Decision rationale:** The request for chromatography quantitative urine drug test is non-certified. Under California MTUS Drug Testing Guidelines, the urine drug screen is recommended as a modality to monitor the injured worker during use of opioids. The Official Disability Guidelines for pain and urine drug testing recommend this modality as a tool to monitor compliance with prescribed drug substances, identify any use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. This information includes clinical observation, results with addiction, screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay attention to information provided by family members, other providers, and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Confirmatory testing which includes gas chromatography/mass spectrometry or liquid chromatography tandem mass spectrometry allows 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 drug screening test. 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. The injured worker continues to report no improvement in pain levels. The injured worker is advancing her assessment stating her pain levels are now increasing in spite of conservative care and medications post surgically. Drug tests previously done in July and September of 2013 have conflicting reports. The first test indicated the presence of Tamadol which was not one of her prescribed medications and the second test conducted in September showed none of her prescribed medications present at the time of her drug testing. The use of this additional confirmatory testing is not needed as problems have already been identified with previous drug screening tests. The previous drug urine tests have provided sufficient clinical information for the physician to determine the next course of modality for treating the injured worker under opioid use guidelines. As such, the request is non-certified.