

<b>Case Number:</b>	CM14-0076137		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 injured worker is a 28-year-old male who reported an injury on 12/06/2011. The injury reportedly occurred during a fire when he had smoke inhalation to his lungs, as well as damage to his eyes and left hand. The injured worker had diagnoses of reflex sympathetic dystrophy of the left upper extremity reflex, noxious toxic fume exposure secondary to smoke inhalation from fire, left shoulder states sprain/strain, left wrist sprain/strain, left hand sprain/strain. Past treatments included medication. Surgical history was not provided within the records provided. Diagnostic studies included; x-rays, cervical MRI, EMG/NCV of the upper extremities, MRI of the left wrist, and MRI of left hand. On 04/23/2014, the injured worker complained of pain in the left upper extremity. He states that he has been getting worse and that he wished to proceed with the stellate ganglion blocks. His treatments included heat, ice, therapy, and medications. Medications included Norco 10/325 mg 1 every 4 to 6 hours for severe pain, Ultram 100 mg 1 daily for moderate pain and Anaprox 550 mg once twice a day for swelling and inflammation. The exam of the left upper extremity showed dusky discoloration. There were hyperalgesia sensations of the upper extremity and the forearm. The treatment plan request for stellate ganglion block left upper extremity times 4 for therapeutic allergy purposes. The request is for lab work; quantitative chromatography, comprehensive drug panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab Work; Quantitative Chromatography, Comprehensive Drug Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing (UDT).

**Decision rationale:** There is documentation regarding history of hand pain. California MTUS Guidelines state that, "urine drug testing is recommended for ongoing monitoring and when there is evidence of high risk, additional aberrant behavior, or substance dependence. Ongoing drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts." The Official Disability Guidelines (ODG) state that, "quantitative urine drug testing is not recommended due to pharmacokinetic and pharmacodynamics issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism." There was no documentation that the injured worker had evidence of any high risk of addiction. There was also a lack of documentation of aberrant behavior nor was there documentation of substance abuse. In addition to this, there was a lack of documentation regarding prior screenings and there has not been any increase in dosage or medication. If there are no red flags, testing should be done every year. The request for Lab work: Quantitative Chromatography, Comprehensive Drug Panel is considered not medically necessary.