

<b>Case Number:</b>	CM14-0086086		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/13/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old individual was reportedly injured on 2/13/2010. The mechanism of injury was not listed. The most recent progress note, dated 2/14/2014, indicated that there were ongoing complaints of bilateral arm/hand pains. The physical examination demonstrated positive tenderness to palpation to the bilateral forearms and wrists with normal range of motion to the bilateral wrists and elbows. Pain was noted at the end of bilateral wrists. Positive Phalen's test. No recent diagnostic studies are available for review. Previous treatment included medication, and conservative treatment. A request had been made for lab work chromatography, quantitative (42 units) and was not certified in the pre-authorization process on 5/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab Work: Chromatography, Quantitative (42 Units): 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) Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The records, presented for review, indicate that this 59-year-old individual was reportedly injured on 2/13/2010. The mechanism of injury was not listed. The most recent progress note, dated

2/14/2014, indicated that there were ongoing complaints of bilateral arm/hand pains. The physical examination demonstrated positive tenderness to palpation to the bilateral forearms and wrists with normal range of motion to the bilateral wrists and elbows. Pain was noted at the end of bilateral wrists. Positive Phalen's test. No recent diagnostic studies are available for review. Previous treatment included medication, and conservative treatment. A request had been Drug testing Page(s): 43 OF 127.

**Decision rationale:** MTUS guidelines do not specifically address chromatography testing; however, it does discuss urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.