

<b>Case Number:</b>	CM14-0185116		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/26/2000
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 and is licensed to practice in Maryland. 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 employee was a 72 year old male who sustained an industrial injury on 04/26/2000 when he bent over to lift chair at work. The visit note from 11/06/14 was reviewed. Subjective complaints included mid back pain, posterior neck pain, right shoulder pain, right elbow pain and upper back pain. Pertinent examination findings included limited range of motion of cervical spine and lumbar spine, limited shoulder range of motion bilaterally, tenderness in cervical region, hypertonicity in cervical region and trapezius, positive myofascial trigger points bilaterally in the trapezius and tenderness in bilateral shoulders and lateral elbow with jump reflex. Diagnoses included cervical myalgia and myositis, thoracic myofascitis, right shoulder tendonitis and elbow enthesopathy right side. The plan of care included Soma and Robaxin. The request was for a urine chromatography for drug testing from February 2013. According to MTUS, Chronic pain guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opioids and for ongoing management of patients on opioids. The submitted medical records do not indicate that the employee was exhibiting aberrant drug behaviors or was taking any prescription opioids. There was also no documentation about initiating opioids. There were no records available from around the time of the urine testing. Hence the request for a chromatography DOS 2/6/13 is not medically appropriate or necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography DOS 2/6/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6, 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 77, 78.

**Decision rationale:** The employee was a 72 year old male who sustained an industrial injury on 04/26/2000 when he bent over to lift chair at work. The visit note from 11/06/14 was reviewed. Subjective complaints included mid back pain, posterior neck pain, right shoulder pain, right elbow pain and upper back pain. Pertinent examination findings included limited range of motion of cervical spine and lumbar spine, limited shoulder range of motion bilaterally, tenderness in cervical region, hypertonicity in cervical region and trapezius, positive myofascial trigger points bilaterally in the trapezius and tenderness in bilateral shoulders and lateral elbow with jump reflex. Diagnoses included cervical myalgia and myositis, thoracic myofascitis, right shoulder tendonitis and elbow enthesopathy right side. The plan of care included Soma and Robaxin. The request was for a urine chromatography for drug testing from February 2013. According to MTUS, Chronic pain guidelines, random urine drug screenings are recommended for patients who are at high risk for drug abuse, as a step to take before therapeutic trial of opioids and for ongoing management of patients on opioids. The submitted medical records do not indicate that the employee was exhibiting aberrant drug behaviors or was taking any prescription opioids. There was also no documentation about initiating opioids. There were no records available from around the time of the urine testing. Hence the request for a chromatography DOS 2/6/13 is not medically appropriate or necessary.