

<b>Case Number:</b>	CM14-0189430		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/28/2003
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Family Practice and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 11/09/1996. The mechanism of injury was noted to have occurred while the patient was being robbed. The diagnoses included posttraumatic headaches with cognitive dysfunction, chronic myofascial pain syndrome, cervical and thoracolumbar spine pain. The past treatments are noted to include trigger point injections, epidural steroid injections, surgical intervention, and physical therapy. There was no official diagnostic imaging study submitted for review. The surgical history was noted to include cervical spine surgery and left shoulder arthroscopy surgery. The subjective complaints on 10/15/2014 included headaches, neck pain, upper and low back pain. The physical exam revealed the range of motion to the cervical and lumbar spine was slightly too moderately restricted in all planes. The injured worker's medications were noted to include Tramadol/APAP 37.5/325 mg, Topamax 50 mg, Gabapentin 600 mg, Klonopin 1 mg, Restoril 30 mg, Wellbutrin 200 mg, and Cymbalta 30 mg. The treatment plan was to continue and refill the medications. A request was received for chromatography x42 units. The rationale for the request was not documented within the clinical notes. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography x 42 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, Screening for Risk for Risk of Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT)

**Decision rationale:** The request for chromatography x 42 units is not medically necessary. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification including the use of testing instruments and explanation of low risk, moderate risk, and high risk. The guidelines also state that quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. There is a lack of documentation in regard to what risk level the patient currently is and a clear rationale for the quantitative urine drug testing. In the absence of a documented risk level (i.e. low risk, moderate risk, or high risk), proper frequency of urine drug testing cannot be established. As proper urine drug testing frequency cannot be established and there is no clear rationale as to why a quantitative urine drug screen is needed, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.