

<b>Case Number:</b>	CM14-0208963		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of December 11, 2012. In a Utilization Review Report dated December 5, 2014, the claims administrator retrospectively denied a request for quantitative chromatography (AKA) drug testing performed on November 12, 2014. The applicant's attorney subsequently appealed. On August 12, 2014, the applicant reported multifocal complaints of neck, wrist, arm, and low back pain reportedly associated with cumulative trauma at work. The applicant was on naproxen, Motrin, and Norco, it was stated. The applicant had been laid off by her former employer and developed complaints of depression, anxiety, and insomnia as a result of the loss of work. The applicant was placed off of work, on total temporary disability, while Ultram, Norco, Zanaflex, and Motrin were endorsed. On September 20, 2014, the applicant was once again, placed off of work, on total temporary disability. On October 24, 2014, the applicant was again placed off of work, on total temporary disability, while Zanaflex, Motrin, tramadol, and Norco were again refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Chromatography; quantitative (DOS: 11/12/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing, however, notes that quantitative and/or confirmatory testing are not recommended outside of the emergency department drug overdose context. ODG further stipulates that an attending provider clearly state which drug tests and/or drug panels he is testing for along with the request for authorization for testing and also notes that an attending provider should attach an applicant's complete medication list to the request for authorization. Here, the attending provider did not furnish a compelling applicant-specific rationale for pursuit of quantitative chromatography (AKA quantitative drug testing) in the face of the unfavorable ODG position on the same. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.