

<b>Case Number:</b>	CM14-0209399		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/25/2014
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 60 year old male with an injury date of 04/12/13. Based on the 06/16/14 progress report provided by treating physician, the patient complains of constant lower back pain rated 6/10 which radiates into bilateral lower extremities and associated intermittent numbness to the right calf. Patient is status post industrial injury sustained while transferring a patient onto an examination table, patient has no surgical history directed at this complaint. Physical examination notes dated 10/16/14 and 08/12/14 were handwritten and illegible. Physical examination dated 06/16/14 revealed tenderness to palpation to lumbar paraspinal muscles, especially on the left, noted sensory deficit to the L5, S1, S2 dermatomes on the left side, positive Bechterew's and Lasege's tests bilaterally. The patient is currently prescribed Lunesta, Tenorman, Glucophage, Claritin, Zestril, Cipro, Keflex, Klonopin, Medrol, Flonase, Tramadol, Ambien, Norco, Anaprox, Motrin, and Mobic. Diagnostic imaging included MRI dated 09/07/13, significant findings include: "L1-2 2mm posterior disc bulge and facet joint hypertrophy without evidence of canal stenosis... L2-3 2-3mm posterior disc bulge resulting in moderate to severe left and mild to moderate right neural foraminal narrowing... L3-4 posterior annular tear is seen within the intervertebral disc, 4-5mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing... L4-5 4-5mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing... L5-S1 3-4mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing..." Patient is currently working modified light duty. Diagnosis 06/16/14- Lumbago- Displacement of lumbar intervertebral disc without myelopathy- Lower back pain with bilateral lower extremity radiculopathy- Degeneration of

lumbar lumbosacral intervertebral disc- Spinal stenosis of unspecified reason- Lumbar facet joint syndrome/hypertrophy- Myalgia- Lumbar spondylosis- Annular tear at L3-4The utilization review determination being challenged is dated 08/27/14. The rationale is: "provider recommends chromatography done on 06/16/14. However, there is no documentation of aberrant behavior or drug misuse. Based on ODG guidelines, the patient is low risk and does not require such frequent testing." Treatment reports were provided from 01/27/14 to 10/13/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chromatography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmedhealth/PMH0002979/>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

**Decision rationale:** The patient presents with constant lower back pain rated 6/10 which radiates into bilateral lower extremities and associated intermittent numbness to the right calf. Patient is status postindustrial injury sustained while transferring a patient onto an examination table, patient has no surgical history directed at this complaint. The request is for Chromatography. Physical examination dated 06/16/14 revealed tenderness to palpation to lumbar paraspinal muscles, especially on the left, noted sensory deficit to the L5, S1, S2 dermatomes on the left side, positive Bechterew's and Lasege's tests bilaterally. The patient is currently prescribed Lunesta, Tenorman, Glucophage, Claritin, Zestril, Cipro, Keflex, Klonopin, Medrol, Flonase, Tramadol, Ambien, Norco, Anaprox, Motrin, and Mobic. Diagnostic imaging included MRI dated 09/07/13. Patient is currently working modified light duty. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg. 43 recommends drug testing as an option, although does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and in the Pain chapter for Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." The request for the urine chromatography test without rationale or discussion of unexpected results or any inconsistent results from the qualitative urine test is not in accordance with ODG guidelines. The request for the Urine chromatography test is not medically necessary.