

<b>Case Number:</b>	CM15-0007942		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old male was injured in an industrial accident on 7/2/13. He is experiencing lower back pain, left upper thigh numbness that is increased especially in the morning to 9/10 and pain and numbness in bilateral lower extremities. Current medications are ibuprofen and omeprazole. On 10/8/14 pain management recommended Tramadol, cyclobenzaprine and Percocet. He uses a cane for ambulation. He has experienced 60-70% pain reduction and greater than 50% improvement in activities of daily living with current pain medications. Diagnoses included musculoligamentous sprain, lumbar spine with lower extremity radiculitis; disc protrusion L5-S1 (3-4mm); disc bulges L2-3 (2-3mm), L4-5 (2mm); chronic myofascial Pain Syndrome, thorocolumbar spine. Treatments include pain management; Ketorolac injections that alleviate pain for 2 days, physical therapy. Diagnostic studies include MRI of the lumbar spine (8/25/13); electromyography/ nerve conduction studies (no further information was available). On 11/19/14 laboratory evaluations were done to determine level of prescription medications and based on the results the treating physician requested a quantitative chromatography 42 Units was requested. On 12/10/14 Utilization Review non-certified the request for Chromatography, Quantitative 42 Units based on MTUS, Chronic Pain Medical Treatment Guidelines and ODG. The injured worker current medications listed were ibuprofen and omeprazole, neither of which requires prescription drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography Quantitative, 42 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic opioid therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Urine drug screen

**Decision rationale:** The patient presents with pain affecting the low back, and bilateral lower extremities accompanied with numbness. The current request is for Chromatography Quantitative, 42 units. The treating physician report dated 12/8/14 (11E) shows, the patient has not been prescribed opioids, nor is he currently taking any medication that would warrant a UDS. The MTUS guidelines page 77 states under opioid management: "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. ODG guidelines goes on to state: Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. Reports provided show the patient is taking Ibuprofen and Omeprazole. In this case, the patient is not currently taking any opioids and there has been no discussion that the patient shows signs of any aberrant behavior or a history of substance abuse. Furthermore, quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity, which was not documented in the reports provided. Recommendation is for denial.