

<b>Case Number:</b>	CM15-0183581		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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

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:

The injured worker is a 45 year old female, who sustained an industrial injury on 6-3-10. The injured worker is being treated for Herniated lumbar disc with radiculitis-radiculopathy, right greater than left. Treatment to date has included acupuncture, medications, physical therapy and activity modifications. On 4-3-15, the injured worker complains of low back pain and numbness to her right leg with continued weakness to right leg. She is not working. Physical exam performed on 4-3-15 revealed restricted lumbar range of motion with tightness and spasm in the lumbar paraspinal musculature bilaterally with weakness with big toe dorsi flexion and big toe plantar flexion bilaterally. The treatment plan on the file presented dated 4-3-15 included request for authorization for lumbar epidural steroid injections using fluoroscopy, laboratory studies, continuation of acupuncture treatment and recommendation of Voltaren XR 100mg. On 8-18-15 a request for 42 quantitative chromatography was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quantitative Chromatography, 42 Units # 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

**Decision rationale:** The patient presents with persistent low back pain and numbness to her right leg and left thigh. The request is for Quantitative Chromatography, 42 Units # 1. The request for authorization is not provided. MRI of the lumbar spine, 06/02/15, shows L4-5 disc level dehiscence of the nucleus pulposus with a 2 mm midline disc bulge indenting the anterior portion of the lumbosacral sac. Physical examination reveals decreased range of motion. Straight leg raise positive bilaterally. There is tightness and spasm in the lumbar paraspinal musculature noted bilaterally. There is hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level, bilaterally. Patient's medication includes Voltaren. Per progress report dated 08/21/15, the patient is TTD. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under 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." Treater does not discuss the request. Per UR letter dated 08/18/15, reviewer notes, This patient is to continue on medications to include Cyclobenzaprine and Norco. However, treater does not document that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding the patient being at risk for any aberrant behaviors. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Finally, a quantitative study is required when the initial screen test is inconsistent or abnormal. The reports do not show that such is the case. Therefore, the request IS NOT medically necessary.