

<b>Case Number:</b>	CM15-0022140		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, South Carolina

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

### 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 43 year old male who sustained an industrial injury on March 7, 2014. He has reported pain in the left foot and ankle and has been diagnosed with compression fracture vertebral body of L1 by 45-50% with loss of height, status post kyphoplasty, lumbar spine sprain/strain, rule out herniated lumbar disc with radiculitis/radiculopathy (left greater than right), left shoulder strain/sprain, left ankle strain/sprain, with compression fracture navicular bone per MRI. Treatment has included surgery, medication, physical therapy, and an injection. Currently, the injured worker complains of left shoulder pain that is experienced with overhead reaching. The pain in the left foot and ankle were aggravated with prolonged walking. The treatment plan included a cortisone injection, physical therapy, and medications. On January 26, 2015, Utilization Review non certified chromatography, quantitative (42 units) citing the MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography, Quantitative (42 units) testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening For Risk of Addiction (Tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Guidelines.

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

**Decision rationale:** The injured worker (IW) has a history to include lumbar fracture status post kyphoplasty and radiculopathy. The Official Disability Guidelines (ODG) cited for urine drug testing (UDT) recommend it as a tool to monitor compliance with prescribed substances and identify the use of undisclosed substances. UDT should be used in conjunction with other clinical information when decisions are to be made regarding the continuation or adjustment of medications. Typically the point-of-care (POC) testing for UDT is performed on-site and usually requires no instrumentation, with substances reported as present or absent based on a predetermined cutoff threshold. Gas chromatography/mass spectrometry (GC/MS) is a confirmatory test used for specific drug identification and is also used when the POC screen is not appropriate for the prescribed drugs. Based on the current medical records for the IW, there is no documentation of the rationale, such as a high risk of addiction or aberrant behavior, for the use of a UDT confirmatory test. Therefore, the request for chromatography, quantitative (42 units), is not medically necessary or appropriate.