

<b>Case Number:</b>	CM14-0115715		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/06/2007
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a female patient with the date of injury of June 6, 2007. A utilization review determination dated June 30, 2014 recommends noncertification of chromatography with modification to a 10 panel random urine drug screen. A progress note dated May 14, 2014 identifies subjective complaints of improving abdominal pain, acid reflux, constipation, diarrhea, and improving sleep quality. Physical examination identifies that the lungs are clear to auscultation, heart has regular rate and rhythm, obesity is noted, and there is no tenderness to palpation of the abdomen. The diagnoses include constipation/diarrhea rule out irritable bowel syndrome, possible hemorrhoids, gastritis and internal hemorrhoids, diabetes mellitus triggered by work-related injury, hypertension with diastolic dysfunction triggered by work-related injury, hyperlipidemia, sleep disorder rule out obstructive sleep apnea, hypertensive/arteriosclerotic retinopathy, and increased uric acid. The treatment plan recommends an Accu-check blood glucose test, and an EKG and carotid ultrasound pending scheduling. The patient is to continue taking Prilosec 20 mg daily, Gaviscon 1 teaspoon three times daily as needed, Miralax as directed, Colace 100 mg twice daily, tri-core 145 mg daily, metformin 1000 mg twice daily, Glipizide 20 mg daily, probiotics twice-daily, aspirin 81 mg daily, preparation H cream as needed, Gemfibrozil 600 mg twice daily, Cozaar 100 mg daily, and Bystolic 5 mg daily. A urine drug screen collected on February 19, 2014 did not detect anything, which was consistent.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79,99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

**Decision rationale:** Regarding the request for chromatography, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Confirmatory testing includes laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. Within the documentation available for review, there is no documentation indicating that the patient is taking pain medications. Additionally, there is no statement indicating why this patient would be considered to be at risk for opiate misuse, abuse, or diversion. As such, the currently requested chromatography is not medically necessary.