

<b>Case Number:</b>	CM14-0117278		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 General Surgery has a subspecialty in Surgical Critical Care and is licensed to practice Texas. 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:

The injured worker is a 44 year old male who was reportedly injured on 05/09/2012. The mechanism of injury is noted as lifting and carrying a carpet upstairs resulting in lumbosacral strain and chronic radiculopathy. The injured worker was initially treated with chiropractic care, work modifications and physical therapy. Current medications are tramadol, menthoderm, naproxen and omeprazole. A request was made for chromatography and was not certified in the pre-authorization process on 07/16/2014.

### 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 Official Disability Guidelines - TWC: Integrated Treatment/Disability Duration Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Updated 06/10/2014) Urine Drug Testing (UDT)

**Decision rationale:** This is a 44 year old male claimant with chronic low back pain from an industrial injury of 5/19/12. The claimant has been prescribed tramadol (an opioid), menthoderm,

naprosyn and omeprazole. There is a request for quantitative chromatography to test for medications. CAMTUS supports the use of urine drug testing. Generally this is "Point of Collection" immunoassay which is a screening test. Chromatography is not employed unless there are abnormalities on UDT or if there is suspicion of illicit drug use that require confirmatory testing. There is no documentation to support the quantitative chromatography as requested. This remains not medically necessary.