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| <b>Case Number:</b>   | CM14-0118256 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 08/10/2011 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 07/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2014 |

### 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 and Rehabilitation 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:

According to the records made available for review, this is a 50-year-old female with an 8/10/11 date of injury. At the time (7/22/14) of Decision for Retrospective request for Chromatography laboratory test, there is documentation of subjective (back, bilateral upper extremities, and bilateral knee pain) and objective (tenderness to palpitation with spasm over the cervical spine, pain on active and passive range of motion) findings, current diagnoses (cervical and lumbar spine disc protrusion with neural foraminal stenosis, thoracic spine strain/sprain, bilateral elbow sprain/strain, rotator cuff tear, bilateral wrist and hand carpal tunnel syndrome, and bilateral ankle and feet tenosynovitis), and treatment to date (medications (including ongoing treatment with Tramadol since 6/4/14)). There is no documentation of abuse, addiction, or poor pain control; and an indication for which chromatography is indicated (all samples test negative for prescribed drugs, all samples test positive for non-prescribed opioids, and/or all samples test positive for illicit drugs).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Chromatography laboratory test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77-80 and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (updated 07/10/14), Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG identifies the use of confirmatory testing with gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) with the following indication(s) (all samples test negative for prescribed drugs, all samples test positive for non-prescribed opioids, and/or all samples test positive for illicit drugs), to support the medical necessity of chromatography, quantitative. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar spine disc protrusion with neural foraminal stenosis, thoracic spine strain/sprain, bilateral elbow sprain/strain, rotator cuff tear, bilateral wrist and hand carpal tunnel syndrome, and bilateral ankle and feet tenosynovitis. In addition, there is documentation of ongoing treatment with Tramadol. However, there is no documentation of abuse, addiction, or poor pain control. In addition, there is no documentation of an indication for which chromatography is indicated (all samples test negative for prescribed drugs, all samples test positive for non-prescribed opioids, and/or all samples test positive for illicit drugs). Therefore, based on guidelines and a review of the evidence, the request Retrospective request for Chromatography laboratory test is not medically necessary.