

<b>Case Number:</b>	CM14-0149350		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 57 year-old with a date of injury of 02/03/14. A progress report associated with the request for services, dated 06/20/14, identified subjective complaints of persistent left ankle pain. Objective findings only included x-rays results of post ORIF of the tibia and fibula. Urine toxicology was collected on 06/20/14 and was negative. Diagnoses included (paraphrased) complex fracture of the distal tibia and fibula; left knee sprain/strain; depression; and anxiety. Treatment had included physical therapy, NSAIDs, muscle relaxants, and oral analgesics. A Utilization Review determination was rendered on 08/13/14 recommending non-certification of "Chromatography, quantitative: 42 units".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography, quantitative: 42 units,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement, and Opioids, steps to avoid mis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** This patient is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in "low-risk" patients, yearly screening is appropriate. "Moderate risk" patients for addiction/aberrant behavior are recommended to have point-of-contact screening 2 to 3 times per year. "High risk" patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. There is no documentation of behavior that would classify the claimant as anything other than low-risk and there was a urine drug screen in June of 2014. The record does not document the need for chromatography for specific drugs or industrial toxins. Therefore, the record does not document the medical necessity for chromatography. Therefore, the request of Chromatography, quantitative: 42 units, is not medically necessary and appropriate.