

<b>Case Number:</b>	CM14-0094262		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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:

The injured worker is a 62 year-old female who reported an injury on 03/01/2005. The mechanism of injury was not provided. The surgical history, diagnostic studies, and therapy were not provided. The documentation of 05/07/2014 revealed the injured worker had complaints of low back pain with radicular symptoms into the leg. The physical examination revealed tightness and spasm in the lumbar paraspinal musculature bilaterally. The diagnoses included lumbar disc with radiculopathy right greater than left, status post left shoulder injection x3, herniated cervical disc with radiculitis/radiculopathy, right shoulder tendinitis impingement, tendinitis carpal tunnel syndrome right and left hand, symptoms of anxiety and depression, and symptoms of insomnia. The treatment plan included a walker with a seat as the current 1 was worn out and unusable and return for a Toradol injection. The specific pain medications were not provided. The psychiatric medications were noted to include Cymbalta 30 mg daily, Nortriptyline 10 mg at bedtime, Tagamet 400 mg, Levothyroxine 0.025 mg, and Vitamin B complex as well as Clonazepam 0.5 mg 3 times a day. There was a Request for Authorization submitted for the requested Chromatography, quantitative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quantitative Chromatography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002979/Chromatography>.

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

**Decision rationale:** The Official Disability Guidelines indicate that quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. The clinical documentation submitted for review failed to provide documentation of the medications to support a necessity for a urine drug screen. There was a lack of documented rationale and a lack of documented evidence of necessity for chromatography. Given the above, the request for quantitative chromatography is not medically necessary. Additionally, the request as submitted failed to indicate the quantity of components and the specific components that were being requested.