

<b>Case Number:</b>	CM15-0010593		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old male with a date of injury as 08/13/2013. The current diagnosis includes lumbosacral radiculopathy. Previous treatments include medications, acupuncture, and physical therapy. Report dated 12/17/2014 noted that the injured worker presented with complaints that included constant low back pain and numbness and weakness of the left leg. The injured worker was noted to be using a cane. Physical examination did not reveal any abnormalities. The rationale for the requested treatment was not included in the documentation submitted. The utilization review performed on 12/30/2014 non-certified a prescription for 42 units of quantitative chromatography based on the guidelines referenced does not support it. The reviewer referenced the Official Disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**42 units of Quantitative 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, Treatment Index, 11th Edition, 2014, Pain, Urine Drug Screening

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter for Urine Drug Testing

**Decision rationale:** This patient presents with low back pain that radiates into the left leg with some clicking and popping of the low back. The current request is for 42 UNITS OF QUANTITATIVE CHROMATOGRAPHY. The Utilization review denied the request stating that quantitative testing is not required as a form of confirmatory lab test and there was no documentation showing that the patient had an inappropriate point of contact test. The patient medications include Norco and Motrin. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 recommends drug testing as an option, although does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and in the Pain chapter for Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." In this case, the treating physician does not provide a rationale for a quantitative UDS and ODG states that Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. This request IS NOT medically necessary.