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| <b>Case Number:</b>   | CM15-0014174 |                              |            |
| <b>Date Assigned:</b> | 02/02/2015   | <b>Date of Injury:</b>       | 11/24/2010 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 12/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/26/2015 |

### 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, Arizona

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 58-year-old female who reported an injury on 11/24/2010. The mechanism of injury was not stated. The current diagnoses include chronic myofascial pain syndrome, lumbosacral radiculopathy, status post right knee surgery, chronic left knee sprain, chronic left hip sprain and NSAID induced gastritis. The injured worker presented on 01/07/2015 with complaints of constant pain in the bilateral knees and left hip. The injured worker also reported constant upper and lower back pain. The injured worker reported and improvement in symptoms with the use of the current medication regimen. Negative side effects were reported with gabapentin. The injured worker also reported mild depression and moderate difficulty sleeping without medications. Upon examination, there was moderately restricted range of motion of the lumbar spine, multiple myofascial trigger points, slightly decreased range of motion of the bilateral knees with complaints of pain, positive McMurray's and Apley's test bilaterally, positive knee effusion bilaterally, and decreased sensation in the back of the right calf area. Recommendations included continuation of Percocet 10/325 mg, omeprazole 20 mg, and a urine drug screen. A request for authorization form was then submitted on 01/07/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography Qty: 42 units: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of noncompliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.