

<b>Case Number:</b>	CM15-0014512		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/14/2015
<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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 42-year-old female who reported an injury on 08/04/2013. The mechanism of injury was not stated. The current diagnoses include herniated cervical disc with radiculitis, left shoulder sprain, left wrist sprain, and left hand wrist. The injured worker presented on 10/22/2014 with complaints of neck pain with radicular symptoms into the left upper extremity. The injured worker also reported weakness and numbing sensation in the left 3rd through 5th fingers. Upon examination, there was 40 degrees forward flexion of the cervical spine, 30 degrees extension, 65 degrees right and left rotation, 30 degrees right and left lateral bending, positive foraminal compression test, positive Spurling's maneuver, tightness with spasm in the trapezius, and 2+ deep tendon reflexes. The injured worker was utilizing a soft elbow brace for support. Recommendations included an ultrasound guided cortisone injection into the left wrist, a left elbow sleeve, a paraffin wax unit, and prescription refills for Norco 10/325 mg, Prilosec 20 mg, and Ambien 10 mg. A Request for Authorization form was submitted on 10/22/2014 for quantitative chromatography.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Test Chromatography, quantitative:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 non-compliance 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.