

<b>Case Number:</b>	CM15-0064163		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Preventive Medicine, Occupational 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 43 year old female, who sustained an industrial injury on 1/24/2013. The current diagnosis is status post right ankle lateral ligament reconstruction with Allograft (11/22/2014). According to the progress report dated 12/5/2014, the injured worker complains of right knee and right ankle pain. The current medications are Percocet, OxyContin, and Ambien. Treatment to date has included medication management, X-rays, physical therapy, MRI studies, electrodiagnostic testing, chiropractic, surgical intervention, and walking cast. The plan of care includes quantitative chromatography 42 units, shower chair, shoe cast, and prescription refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quantitative chromatography 42 units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** According to the Official Disability Guidelines, 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. In regard to this case, there is no documentation qualifying the necessity of quantitative analysis. Quantitative chromatography 42 units is not medically necessary.