

<b>Case Number:</b>	CM13-0013108		
<b>Date Assigned:</b>	09/25/2013	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, chronic shoulder pain, carpal tunnel syndrome, and plantar fasciitis reportedly associated with an industrial injury of October 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder arthroscopy; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated August 5, 2013, the claims administrator retrospectively denied a urine drug testing performed on July 2, 2013. The applicant's attorney subsequently appealed. The applicant did apparently undergo urine drug testing of January 15, 2013 which did include testing for approximately 15 different opioid metabolites, 10 different antidepressant metabolites, and 10 different benzodiazepine metabolites. There was no associated discussion of attached results, however. On August 7, 2013, the applicant underwent a preoperative evaluation prior to proposed shoulder surgery. On August 21, 2013, the attending provider refilled Cyclobenzaprine, Imitrex, Omeprazole, Ondansetron, and Naprosyn through usage of preprinted checkboxes without any narrative commentary. On June 18, 2013, the applicant was described as pending shoulder surgery and was again placed off of work, on total disability. The applicant, it is incidentally noted, also underwent drug testing on September 4, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DRUG SCREENING (DOS: 07/02/2013): 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) Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines, Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** While page 43 of the MTUS Chronic Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, and provide some rationale for selection of drug tests and/or drug panels. In this case, however, the attending provider did not incorporate the applicant's complete medication list into the request for authorization for testing, nor did the attending provider discuss the applicant's complete medication list on several recent progress notes, referenced above. The attending provider did not state what drug tests and/or drug panels were being sought or why. Earlier drug testing of January 2013 did include nonstandard testing and confirmatory testing of multiple opioids and benzodiazepine metabolites, despite the fact that earlier screening testing was negative for all the drugs in question. This does not conform to the best practices of the United States Department of Transportation (DOT), which ODG recommends emulating. Therefore, the request is not medically necessary.