

<b>Case Number:</b>	CM13-0016989		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/08/2006
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 shoulder, hip, and knee pain reportedly associated with an industrial injury of December 8, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; attorney representation; earlier hip ORIF surgery; subsequent knee surgery; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 14, 2013, the claims administrator approved laboratory testing, denied a urine drug screen, and approved an orthopedic followup visit. The claims administrator did not, however, incorporate cited MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. The applicant apparently underwent urine drug testing on March 22, 2012. The drug test was apparently some sort of 'custom' drug panel which included testing for approximately 10 different opioid metabolites, 7 different benzodiazepine metabolites, and 8 different barbiturate metabolites. It also appears that the drug testing included testing for many different antidepressant and antipsychotic metabolites. On July 27, 2012, the applicant again underwent drug testing. On this occasion, six different drug classes were tested. The drug panel came back negative for barbiturates, benzodiazepines, methadone, opioids, oxycodone, and tricyclic antidepressants. Despite the fact that all the tests were negative, the attending provider went on to perform confirmatory drug testing for multiple different opioid, benzodiazepine, barbiturate, antidepressant, and antipsychotic metabolites. Quantitative testing was also apparently performed. In a progress note of July 20, 2012, the attending provider stated that the applicant is using ibuprofen and Voltaren gel. This was mentioned in the body of the report. It was not stated whether or not these two medications comprise the entire medication list.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN (UDS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain 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 Pain Medical Treatment Guidelines does support intermittent drug testing on the chronic pain population, the MTUS does not establish specific parameters for or establish a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter urine drug testing topic, an attending provider should attach an applicant's complete medication list to the request for authorization for testing, clearly state what drug tests and/or drug panels are being tested for and/or why, and state when the last time an applicant was tested. Attending provider should also attempt to conform to the best practices of the United States Department of Transportation (DOT) representing the most legally defensible means of performing drug testing. Quantitative and/or confirmatory testing, per ODG, typically not recommended outside of the emergency department drug overdose context. In this case, however, the attending provider did not state when the last time the applicant was assessed. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider do not state what drug panels are being selected and/or why. Finally, the attending provider did apparently perform confirmatory and/or quantitative testing despite the fact that the primary screen test was negative for several different drug panels. This did not conform to the best practices of the United States Department of Transportation (DOT). Therefore, the request was not medically necessary.