

<b>Case Number:</b>	CM13-0021328		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	09/13/2001
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 low back pain, myofascial pain syndrome, and chronic pain syndrome reportedly associated with an industrial injury of September 13, 2001. The applicant has been treated with the following: Analgesic medications; muscle relaxants; adjuvant medications; attorney representation; prior lumbar laminectomy; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report of August 15, 2013, the claims administrator denied a urine drug screen. The applicant's attorney subsequently appealed. The actual urine drug screen of July 25, 2013, is reviewed. It includes testing for multiple amphetamine metabolites, five different barbiturate metabolites, ten different benzodiazepine metabolites, and several opioid metabolites. Confirmatory testing was performed. The testing was positive for benzodiazepine and opioid metabolites.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine toxicology screening (DOS 7/25/2013) between 7/25/2013 and 7/25/2013:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** While page 43 of the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, specific parameters regarding frequency of urine testing has not been established. As noted in the Official Disability Guidelines (ODG) Chronic Pain Chapter urine drug testing topic, urine drug testing should generally not include confirmatory testing outside of the emergency department drug overdose context. In this case, however, the attending provider did perform confirmatory testing. The attending provider tested for several nonstandard metabolites. As noted by Official Disability Guidelines (ODG), conforming to the Department of Transportation (DOT) guidelines does represent the most legally defensible framework for performing testing. In this case, however, the drug testing ultimately performed by the attending provider did not conform to Department of Transportation (DOT) guidelines and included confirmatory testing, which is not recommended by Official Disability Guidelines (ODG). Therefore, the request is not certified.