

<b>Case Number:</b>	CM13-0026514		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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.

### 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 reportedly associated with an industrial injury of February 16, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 4, 2013, the claims administrator denied the request for a urine drug screen. The applicant's attorney later appealed. An earlier note of July 31, 2013 is handwritten, not entirely legible, notable for ongoing complaints of low back pain, notable for comments that the applicant is asked to employ various topical compounds while remaining off of work, on total temporary disability. In a urine drug test of June 19, 2013, the attending provider tested for approximately 20 different opioid metabolites, 10 different benzodiazepine metabolites, and seven different antidepressant metabolites. On September 23, 2013, the attending provider gave the applicant prescriptions for Vicodin, Soma, Prilosec, and Relafen while keeping the applicant off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) urinalysis drug screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for Use of Urine Drug Testing

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the ODG chronic pain chapter urine drug testing topic, an attending provider should clearly furnish a list of those drug test and/or drug panels which he intends to test for along with the request for authorization. The attending provider should also attach the applicant's complete medication list to the request for testing, ODG further notes. In this case, several ODG criteria were not met. It is further noted the attending provider apparently performed confirmatory urine drug testing, although ODG notes that this should only be done in the emergency department drug overdose context. For all of these reasons, the request is not certified.