

<b>Case Number:</b>	CM13-0040358		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/10/2007
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 former [REDACTED] employee who has filed a claim for chronic low back pain, arm pain, knee pain, and neck pain associated with an industrial injury sustained on May 10, 2007. Thus far, the applicant has been treated with analgesic medications, intermittent urine drug testing, various interventional spine procedures, diagnosis of chronic regional syndrome, and unspecified amounts of psychological counseling over the life of the claim. In a medical/legal evaluation from October 8, 2013, the applicant is described as having ongoing issues with chronic pain apparently requiring detoxification. The medical legal evaluator recommends that the applicant enroll in a detoxification program. An April 2, 2013 progress note is notable for comments that the applicant reports heightened pain, ranging from 7-10/10. Intermittent drug screening is endorsed. The applicant is on Roxicodone and Norco. Multiple progress notes interspersed throughout 2013 are notable for comments that the applicant is off of work. The applicant's primary treating provider appears to be a pain management/addiction specialist. In a March 28, 2013 progress note, it is stated that drug testing was endorsed on that date. On August 19, 2013, the applicant is described as having ongoing issues with reflex sympathetic dystrophy. Urine drug testing was endorsed on this date as well. The applicant was asked to employ prednisone, Oxycodone, and Norco for pain relief while again remaining off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG TESTING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pages 10, 32-33

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines endorses intermittent urine drug testing in the chronic pain population, it does not establish specific parameters for performing drug testing. As noted in the Official Disability Guidelines, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, state why an applicant is being tested, categorize the applicant into high-risk, medium risk, and/or low-risk categories which would warrant more or less frequent drug testing, state when the last time an applicant was tested, and/or clearly provide the applicant's complete medication list along with the request for testing. In this case, however, these criteria have not been met. The attending provider has not clearly stated when the last time the applicant was tested. The attending provider seems to be performing urine drug testing on each and every office visit. The results of the test in question have not been clearly provided for review. The attending provider did not attach the applicant's complete medication list to any recent progress note or request for testing. For all of the stated reasons, then, the request is not certified.