

<b>Case Number:</b>	CM13-0043966		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Interventional Spine 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:

This case involves a 36 year-old female with a 5/16/12 industrial injury claim. She has been diagnosed with myalgia; headache; pain in shoulder; and cervical degeneration. The 10/7/13 progress report from [REDACTED], left the subjective complaints and objective findings section blank. There is no discussion about the patient's medications, or whether the patient is suspected of being at risk for aberrant drug behavior. The treatment plan was for a urine drug screen. On 10/25/13, the utilization review (UR) denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN (12 PANEL TEST):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80 , AND 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ODG-TWC GUIDELINES, ONLINE, PAIN CHAPTER, URINE DRUG TESTING (WWW.ODG-TWC.COM/ODGTWC/PAIN.HTM#PROCEDURESUMMARY).

**Decision rationale:** The patient has been diagnosed with headaches, neck pain, and shoulder pain. The medical reports do not document subjective complaints or objective findings, nor efficacy of medications, but requests a urine drug test (UDT). The prior UDT was on 2/25/13. The issue appears to be the frequency of UDT. The Chronic Pain Guidelines do not specifically discuss the frequency that UDT should be performed. However, the guidelines indicate that drug testing is recommended as an option, by using a urine drug screen to assess for the use of or the presence of illegal drugs. The Official Disability Guidelines indicate that patients at "low risk" of addiction/aberrant behavior should be tested within six (6) months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of the patient being at risk for abnormal drug behavior. The request for UDT is not in accordance with the frequency listed under the guidelines.