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| <b>Case Number:</b>   | CM13-0056026 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 03/05/2012 |
| <b>Decision Date:</b> | 03/24/2014   | <b>UR Denial Date:</b>       | 10/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2013 |

### 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 and a decubitus ulcer to the low back apparently associated with an industrial injury of March 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representations; transfer of care to and from various providers in various specialties; muscle relaxants; and trigger point injection therapy. In a Utilization Review Report of October 31, 2013, the claims administrator denied a request for urine drug testing. An earlier drug test of April 29, 2013 is notable for comments that the applicant's test is negative for ten (10) different antidepressant metabolites, five (5) different benzodiazepine metabolites, five different barbiturate metabolites, and anticonvulsants metabolites. A confirmatory testing was performed, it appears. An earlier clinical progress note of April 18, 2013 is notable for comments that the applicant is receiving trigger point injection therapy and is using Neurontin, Zanaflex, and Orudis. In a November 20, 2013 appeal letter, the attending provider states that the MTUS Guidelines support urine drug testing. The attending provider further notes that he believes that the drug testing was appropriate here, given the chronicity of the applicant's issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screen for date of service: 4/25/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

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

**Decision rationale:** The Chronic Pain Guidelines support intermittent urine drug testing in the chronic pain population; however, the guidelines do not establish specific parameters for or a frequency with which to perform urine drug testing. The Official Disability Guidelines (ODG) indicate that the attending provider should clearly furnish an applicant's complete medication list along with the request for drug testing and clearly state which drug tests and/or drug panels he/she is testing for. An attending provider should also state how the drug testing would influence the treatment plan. In this case, however, the attending provider does not meet these criteria. The guidelines also indicate that confirmatory testing should typically not be performed outside of the emergency department drug overdose context. In this case, based on the results of prior drug tests, the attending provider is performing confirmatory testing on a regular and frequent basis. The attending provider is also testing for multiple different drug metabolites. The Official Disability Guidelines recommend performing standard drug tests, which conform to the [REDACTED] Guidelines. The drug testing being performed by the attending provider does not conform to [REDACTED] ODG Guidelines. The attending provider has not furnished the applicant's complete medication list, nor has listed those drug panels and/or drug tests which he/she is testing for along with the request for authorization. It is not clear why confirmatory testing is being performed here. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.