

<b>Case Number:</b>	CM13-0057251		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 patient is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, chronic wrist pain, carpal tunnel syndrome, neck pain, low back pain, and hip pain reportedly associated with an industrial injury of December 17, 2008. Thus far, the patient has been treated with the following: Analgesic medications; muscle relaxants; shoulder subacromial decompression surgery of August 15, 2012; attorney representation; carpal tunnel release surgeries in 2011, left and right; a shoulder corticosteroid injection in April 2012; and reported return to some form of work, per the claims administrator. In a utilization review report of November 19, 2013, the claims administrator approved a request for Norco and Fexmid while denying a request for a urine drug screen. The applicant subsequently appealed. On October 24, 2013, the patient is described as having issues related to fibromyalgia and chronic pain syndrome which she attributes to an industrial motor vehicle accident of December 17, 2008. The patient's case and care have been complicated by diabetes, hypertension, and dyslipidemia, it appears. The patient is given a diagnosis of fibromyalgia syndrome and given a 25% whole person impairment rating under the parameters of the Almaraz-Guzman II case. The patient acknowledges in a questionnaire dated October 21, 2013 that she is working. She is presently on Januvia, metformin, glipizide, Zestoretic, and Lipitor, it is stated. In a progress note of October 21, 2013, the attending provider returned the patient to modified work with a rather proscriptive 10-pound lifting limitation. The patient is apparently working with said limitation in place. The patient presented with knee, shoulder, and forearm pain. The applicant was on Norco and Fexmid. A urine drug test of October 24, 2013 is reviewed. It is positive for hydrocodone, but negative for all other items in the panel. The attending provider seemingly tested for multiple opioid, benzodiazepine, and barbiturate metabolites and seemingly performed a confirmatory/quantitative testing, it is further noted.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**URINE DRUG SCREEN PERFORMED WAS TRETOSPECTIVE:** Upheld

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

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

**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 frequency with which to perform 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 tests and/or drug panels which he is testing for along with any request for testing. An attending provider should also state how the drug test in question would influence or alter the treatment plan. The attending provider should also try and adhere to Departments of Transportation (DOT) Guidelines as representing the most legally defensible means of testing. In this case, the multi-panel drug tests performed by the attending provider did not conform to the ODG parameters. Confirmatory testing/quantitative testing was performed, although ODG does not recommend the same outside of the Emergency Department Drug Overdose context. For all the stated reasons, then, the urine drug screen is retrospectively not certified, on independent medical review.