

Case Number:	CM14-0105732		
Date Assigned:	07/11/2014	Date of Injury:	12/05/2010
Decision Date:	08/18/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50-year-old who was injured on December 5, 2010. She was diagnosed with an umbilical hernia, low back pain with radiculopathy, trochanteric bursitis, insomnia, anxiety, depression, and morbid obesity. Over the course of her care, she had been treated with physical therapy, oral and topical analgesics, muscle relaxants, anti-epileptic medications, lumbar facet block and epidural injections, and chiropractor visits. She underwent 3 surgeries on her abdomen for her hernia on January 13, February 18, and March 3, 2011. On February 14, 2011, physical therapy was recommended by her primary physician. On March 18, 2011, the worker saw her orthopedic physician complaining of her abdominal pain due to her hernia, mid and low back pain, and right and left hip pain. She was also recommended that she do physical therapy (12 sessions), of which she later completed some of these. On April 29, 2011 she again saw her orthopedic physician complaining of her usual low back pain with radiation and recommended to her more physical therapy. Afterwards the worker had attempted to go back to work with restrictions, and her orthopedic physician again continued her physical therapy another 12 sessions on June 10, 2011. Again, physical therapy was requested to be continued another 12 sessions on July 22, 2011 by her orthopedic physician without report on how she was benefitting from the previous sessions. Norco, which she had been using to treat her pain, was refilled then, and a drug screen was performed. Drug screens were performed at nearly every follow up visit with the orthopedic physician over the following 2 years. On July 31, 2013, the worker's orthopedic physician requested a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions provided on March 18, 2011, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that physical therapy may be recommended for chronic low back pain with the goal of fading away from supervised therapy and a progression towards competently performed home exercises. The Chronic Pain Medical Treatment Guidelines limits the sessions to eight to ten sessions over four to eight weeks for low back pain with radiculopathy. The request was for twelve sessions over six weeks, which seems reasonable and appropriate for the worker. However, considering her then recent complications with her abdominal surgery and having had a surgical procedure two weeks prior (also for the February 15, 2011 physical therapy request), this seems too soon for her to be able to do physical therapy for her lower back. An allowance of at least a few more weeks before initiating physical therapy would be prudent. Therefore, the request for Physical therapy sessions provided on March 18, 2011, twice weekly for six weeks, is not medically necessary or appropriate.

Urine drug screen performed on July 27, 2011, and toxicology reviews performed on August 3, 2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,78,86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the Chronic Pain Medical Treatment Guidelines, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The Chronic Pain Medical Treatment Guidelines lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is no evidence found in the documents available for review that would suggest any abuse of medication or addiction in order to justify frequent testing (July 27, October 14, November 23, 2011, January 4, February 15, March 28, September

29, 2012, January 2, and June 14, 2013). Therefore, without documentation for the reasoning for these tests based on subjective and objective evidence, the request for drug screen performed on July 27, 2011, and toxicology reviews performed on August 3, 2011, is not medically necessary or appropriate.

Physical therapy Functional Capacity Evaluation (FCE) provided on August 26, 2013:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Prevention Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW (return to work) attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, the need for a functional capacity evaluation was not explained sufficiently in order to justify its approval. Limited to no information about her work, attempts to return to work, or other aspects related to his request were available to the reviewer in order to assess for medical necessity. Therefore, the request for Physical therapy Functional Capacity Evaluation (FCE) provided on August 26, 2013 is not medically necessary or appropriate.

Physical therapy provided on April 29, 2011: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that physical therapy may be recommended for chronic low back pain with the goal of fading away from supervised therapy and a progression towards competently performed home exercises. The Chronic Pain Medical Treatment Guidelines limit the sessions to eight to ten sessions over four to eight weeks for low back pain with radiculopathy. This particular request for physical therapy for this worker did not specify how many sessions were requested. It is not clear as to how many physical therapy sessions she had attended leading up to this request. Also, there was no documented review of her functional and pain-relief benefits in order to justify continuation of her therapy. Therefore, the Physical therapy provided on April 29, 2011 is not medically necessary or appropriate.

Physical therapy sessions provided on July 22, 2011, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that physical therapy may be recommended for chronic low back pain with the goal of fading away from supervised therapy and a progression towards competently performed home exercises. The MTUS limits the sessions to 8-10 sessions over 4-8 weeks for low back pain with radiculopathy. In the case of this worker, there was no documented review of prior physical therapy sessions and their effect on the worker's function and pain. Also, she has continued physical therapy well beyond the recommended duration. Without an explanation of the orthopedic physician why she requires supervised physical therapy to be continued as opposed to continuation of home exercise, the physical therapy is not medically necessary. Therefore, the request for physical therapy sessions provided on July 22, 2011, twice weekly for six weeks, is not medically necessary or appropriate.

Urine drug screen provided on October 4, 2011, and toxicology reviews provided on October 19, 2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,78,86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens,

according to the Chronic Pain Medical Treatment Guidelines, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The Chronic Pain Medical Treatment Guidelines lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is no evidence found in the documents available for review that would suggest any abuse of medication or addiction in order to justify frequent testing (July 27, October 14, November 23, 2011, January 4, February 15, March 28, September 29, 2012, January 2, and June 14, 2013). Therefore, without documentation for the reasoning for these tests based on subjective and objective evidence, the request for a urine drug screen provided on October 4, 2011, and toxicology reviews provided on October 19, 2011, is not medically necessary or appropriate.

Toxicology urine drug screen provided on November 23, 2011, and toxicology reviews provided on December 8, 2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the Chronic Pain Medical Treatment Guidelines, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The Chronic Pain Medical Treatment Guidelines lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is no evidence found in the documents available for review that would suggest any abuse of medication or addiction in order to justify frequent testing (July 27, October 14, November 23, 2011, January 4, February 15, March 28, September 29, 2012, January 2, and June 14, 2013). Therefore, without documentation for the reasoning for these tests based on subjective and objective evidence, the request for toxicology urine drug screen provided on November 23, 2011, and toxicology reviews provided on December 8, 2011, is not medically necessary or appropriate.

Urine drug screen and toxicology reviews provided on January 4, 2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,78,86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the Chronic Pain Medical Treatment Guidelines, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The Chronic Pain Medical Treatment Guidelines lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is no evidence found in the documents available for review that would suggest any abuse of medication or addiction in order to justify frequent testing (July 27, October 14, November 23, 2011, January 4, February 15, March 28, September 29, 2012, January 2, and June 14, 2013). Therefore, without documentation for the reasoning for these tests based on subjective and objective evidence, the request for urine drug screen and toxicology reviews provided on January 4, 2012 is not medically necessary or appropriate.

Toxicology urine drug screen and toxicology reviews provided on February 5, 2012:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,78,86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the Chronic Pain Medical Treatment Guidelines, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The Chronic Pain Medical Treatment Guidelines lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes,

psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is no evidence found in the documents available for review that would suggest any abuse of medication or addiction in order to justify frequent testing (July 27, October 14, November 23, 2011, January 4, February 15, March 28, September 29, 2012, January 2, and June 14, 2013). Therefore, without documentation for the reasoning for these tests based on subjective and objective evidence, the request for a toxicology urine drug screen and toxicology reviews provided on February 5, 2012 is not medically necessary or appropriate.

Toxicology urine drug screen and toxicology reviews provided on September 29, 2012:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,78,86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the Chronic Pain Medical Treatment Guidelines, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The Chronic Pain Medical Treatment Guidelines lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is no evidence found in the documents available for review that would suggest any abuse of medication or addiction in order to justify frequent testing (July 27, October 14, November 23, 2011, January 4, February 15, March 28, September 29, 2012, January 2, and June 14, 2013). Therefore, without documentation for the reasoning for these tests based on subjective and objective evidence, the request for a toxicology urine drug screen and toxicology reviews provided on September 29, 2012 is not medically necessary or appropriate.

Toxicology urine drug screen and toxicology reviews provided on January 2, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,78,86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the Chronic Pain Medical Treatment Guidelines, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The Chronic Pain Medical Treatment Guidelines lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is no evidence found in the documents available for review that would suggest any abuse of medication or addiction in order to justify frequent testing (July 27, October 14, November 23, 2011, January 4, February 15, March 28, September 29, 2012, January 2, and June 14, 2013). Therefore, without documentation for the reasoning for these tests based on subjective and objective evidence, the request for a toxicology urine drug screen and toxicology reviews provided on January 2, 2013 is not medically necessary or appropriate.

Physical therapy provided on February 15, 2012:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that physical therapy may be recommended for chronic low back pain with the goal of fading away from supervised therapy and a progression towards competently performed home exercises. The Chronic Pain Medical Treatment Guidelines limits the sessions to eight to ten sessions over four to eight weeks for low back pain with radiculopathy. The request was for 12 sessions over 6 weeks, which seems reasonable and appropriate for the worker. However, considering her then recent complications with her abdominal surgery and having had a surgical procedure 2 weeks prior (also for the February 15, 2011 physical therapy request), this seems too soon for her to be able to do physical therapy for her lower back. An allowance of at least a few more weeks before initiating physical therapy would be prudent. Therefore, the requested physical therapy from February 15, 2011 and March 18, 2011 were not medically appropriate or necessary at that time.

An additional twelve physical therapy visits provided on June 10, 2011: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that physical therapy may be recommended for chronic low back pain with the goal of fading away from supervised therapy and a progression towards competently performed home exercises. The Chronic Pain Medical Treatment Guidelines limits the sessions to eight to ten sessions over four to eight weeks for low back pain with radiculopathy. In the case of this worker, she had completed more than 12 sessions of physical therapy well beyond the recommended duration of time. Also, no evidence of a review of the worker's functional and pain-relief benefits from this physical therapy was included in the documentation. Therefore, the request for an additional twelve physical therapy visits provided on June 10, 2011 is not medically necessary or appropriate.

Toxicology urine drug screen provided on March 8, 2012, and reviewed on April 11, 2012,:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,78,86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the Chronic Pain Medical Treatment Guidelines, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The Chronic Pain Medical Treatment Guidelines lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is no evidence found in the documents available for review that would suggest any abuse of medication or addiction in order to justify frequent testing (July 27, October 14, November 23, 2011, January 4, February 15, March 28, September 29, 2012, January 2, and June 14, 2013). Therefore, without documentation for the reasoning for these tests based on subjective and objective evidence, the request for Toxicology urine drug screen provided on March 8, 2012, and reviewed on April 11, 2012, is not medically necessary or appropriate.

Toxicology urine drug screen provided on June 14, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77,78,86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the Chronic Pain Medical Treatment Guidelines, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The Chronic Pain Medical Treatment Guidelines lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there is no evidence found in the documents available for review that would suggest any abuse of medication or addiction in order to justify frequent testing (July 27, October 14, November 23, 2011, January 4, February 15, March 28, September 29, 2012, January 2, and June 14, 2013). Therefore, without documentation for the reasoning for these tests based on subjective and objective evidence, the request for a toxicology urine drug screen provided on June 14, 2013 is not medically necessary or appropriate.