

<b>Case Number:</b>	CM14-0010235		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/27/2008
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 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 [REDACTED] employee who has filed a claim for chronic neck, low back, and bilateral upper extremity pain reportedly associated with an industrial injury of April 27, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; consultation with a spine surgeon, who has apparently endorsed a cervical fusion surgery; and extensive periods of time off of work. In a Utilization Review Report dated January 21, 2014, the claims administrator retrospectively denied a urinalysis performed on December 16, 2013. The applicant's attorney subsequently appealed. On handwritten notes dated January 23, 2013 and March 6, 2013, the applicant was placed off of work, apparently owing to ongoing complaints of neck, shoulder, and elbow pain. In a February 7, 2014 progress note, the applicant reported 4/10 neck and low back pain. The applicant was again placed off of work, on total temporary disability. The applicant is pending cervical fusion surgery. Norco was renewed. On December 16, 2013, the applicant apparently underwent drug testing. A summary of the drug test results was provided. The applicant apparently tested positive for an opioid metabolic, hydrocodone. The drug testing also included nonstandard testing for cotinine and nicotine metabolites which are also reported as positive, likely suggesting smoking. On November 22, 2013, the applicant again tested positive for hydrocodone, an opioid metabolic, and also tested positive for nicotine and cotinine, suggesting that the applicant was smoking and using hydrocodone. In a handwritten note dated January 29, 2014, the applicant was placed off of work, on total temporary disability. Norco and Zanaflex were apparently issued. The applicant had reportedly sustained nonindustrial dog bites, it is incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE URINE DRUG SCREEN 12/16/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, an attending provider should attempt to stratify applicants into high risk, low risk, and/or intermediate risk categories for which more or less frequent testing would be indicated, should also attach an applicant's complete medication list to the request for authorization for testing, should clearly state when the last time an applicant was tested, and/or clearly identify those drug tests and/or drug panels he intends to test for. In this case, however, the attending provider did not furnish any compelling rationale which would support testing for nonstandard articles, such as nicotine and cotinine. No rationale for usage of the drug testing was incorporated into any of these cited progress notes. The attending provider not clearly attach the applicant's medication list to the request for authorization for testing, nor did the attending provider justify drug testing at an interval of less than one month. The applicant had undergone earlier drug testing in November 2013, less than a month removed from December 16, 2013 drug testing at issue. For all the stated reasons, then, the drug testing of December 16, 2013 was not medically necessary.