

<b>Case Number:</b>	CM14-0114306		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 low back pain reportedly associated with an industrial injury of September 17, 2012. Thus far, the applicant has been treated with analgesic medications; attorney representation; epidural steroid injection therapy; earlier lumbar decompressive surgery; and drug testing. In a utilization review report dated June 20, 2014, the claims administrator retrospectively denied urine drug testing apparently performed on May 12, 2014. In a progress note dated November 22, 2013, the applicant was placed off work, on total temporary disability. An orthopedic consultation, epidural steroid injection, and transcutaneous electrical nerve stimulation unit were endorsed. On June 9, 2014, the applicant again presented with multifocal mid and low back pain. Urine drug testing was performed on June 9, 2014. Naprosyn, Prilosec, Flexeril, Norco, Ambien, and topical compounds were apparently prescribed and dispensed. Multifocal complaints of mid back and low back pain with derivative complaints of insomnia and sleep disturbance were also reported. It was not clearly stated what drug testing and/or drug panels were being tested for, however. On July 7, 2014, the attending provider again sought authorization for drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Urine Drug Screen

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

**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 ODG's Chronic Pain Chapter, Urine Drug Testing, an attending provider should clearly state when an applicant was last tested and attempt to stratify applicants into higher risk or lower risk categories so as to justify more or less frequent testing. In this case, the attending provider did not furnish any rationale for monthly drug testing, as was/is seemingly being performed here. There was no mention of any suspected issues of drug diversion or noncompliance which would compel such frequent drug testing. It is further noted that the attending provider did not clearly state which drug testing and/or drug panels he intended to test for, which ODG also recommends. Since several ODG criteria for performance of drug testing were not seemingly met, the request was not medically necessary.