

<b>Case Number:</b>	CM14-0129654		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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:

Clinical Summary: The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with industrial injury of June 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder arthroscopy; earlier carpal tunnel syndrome release surgery; subsequent revision shoulder surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 21, 2014, the claims administrator denied a request for "UTS screening." In its narrative commentary, however, the claims administrator did disclose that the request in question did represent a request for urine drug testing. The applicant's attorney subsequently appealed. In a March 13, 2014 progress note, the applicant reported persistent complaints of bilateral shoulder pain, neck pain, mid back pain, and low back pain with derivative complaints of anxiety, depression, and headaches. Urine drug testing was performed in the clinic setting. The applicant's medications list included Naprosyn and Flexeril. The attending provider stated that he was performing "quantitative and confirmatory testing" on numerous opioid, benzodiazepine, antidepressant, and barbiturate metabolites. The applicant was kept off of work, on total temporary disability, while 12 sessions of physical therapy were performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UTS (urine toxicology screening):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing 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 topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list with the request for authorization for testing, state which drug tests and/or drug panels he is testing for and why, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context. In this case, however, the attending provider did not attach the applicant's complete medication list with the request for authorization for testing. The attending provider did not state when the applicant was last tested. The attending provider did state that he was performing non-standard testing for multiple opioid, benzodiazepine, and barbiturate metabolites, despite the unfavorable ODG position on the same. The attending provider stated that he was going on to perform confirmatory and/or quantitative testing in the clinic setting, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuing drug testing were not met, the request was not medically necessary.