

<b>Case Number:</b>	CM14-0136778		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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 and upper back pain reportedly associated with an industrial injury of June 4, 2013. Thus far, the applicant has been treated with following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and adjuvant medications. In a Utilization Review Report dated August 6, 2014, the claims administrator partially approved a request for urine drug testing as a 10-panel random drug screen with qualitative analysis and confirmatory testing only on inconsistent results. The applicant's attorney subsequently appealed. In a July 8, 2014 office visit, the applicant reported ongoing complaints of neck pain, 8/10. The applicant had a history of a previous Workers' Compensation claim involving the same body part, the cervical spine, in 2006. The applicant was on Norco and Lyrica, it was acknowledged. Drug testing was apparently sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation (TWC), Pain Procedure Summary (updated 06/10/2014), Urine Drug Testing (UDT).

**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 on 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 test for, attach the applicant's complete medication list to the request for authorization for testing, identify when the applicant was last tested, 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 state what drug testing or drug panels were sought. The attending provider did not state when the applicant was last tested. The applicant's complete medications list was not attached to the request for authorization for testing. The attending provider did not state that he was performing a drug screen, which conformed to the best practices of the United States Department of Transportation (DOT). Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.