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| <b>Case Number:</b>   | CM14-0166854 |                              |            |
| <b>Date Assigned:</b> | 10/14/2014   | <b>Date of Injury:</b>       | 02/21/2014 |
| <b>Decision Date:</b> | 12/02/2014   | <b>UR Denial Date:</b>       | 09/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2014 |

### 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 low back pain reportedly associated with an industrial injury of February 26, 2014. In a Utilization Review Report dated September 3, 2014, the claims administrator denied a urinalysis/urine drug test. The claims administrator stated that it basing its decision on a September 5, 2014, request for authorization form. Urine drug testing dated June 4, 2014, was reviewed, difficult to follow, blurred as result of repetitive photocopying, not entirely legible. The drug testing in question did include testing for 10 different Benzodiazepines Metabolites, 15 different Opioid Metabolites, and did include both confirmatory and quantitative testing components. In June 4, 2014, progress note, the applicant reported ongoing complaints of low back pain. The applicant was using Norco and Tramadol for pain relief. The applicant was asked to pursue Epidural Steroid injection. The applicant's work status was not furnished. The applicant's attorney subsequently appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 94.

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

**Decision rationale:** While 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODGs Chronic Pain Chapter urine drug testing topic, however, the attending provider should clearly state when an the applicant was last tested, attach an applicant's complete medication list with request for authorization for testing, state which drug test and/or drug panel he is testing for and why, eschew confirmatory and/or quantitative testing outside of the emergency department overdose context, and attempt to conform to the best practice of U [REDACTED] [REDACTED] to perform drug testing. In this case, however, drug testing performed here, did not conform to the best practice of the [REDACTED]. The attending provider performed various testing to include testing for 10 different Benzodiazepine Metabolites and 15 different Opioid Metabolites. The attending provider did perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary. did perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.