

<b>Case Number:</b>	CM14-0167228		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/26/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 and shoulder pain reportedly associated with an industrial injury of March 26, 2009. 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 surgery; earlier cervical fusion surgery; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for a urine drug screen. On June 26, 2014, the applicant did apparently undergo urine drug testing. The applicant's medication list at that time included Prilosec, diclofenac, Neurontin, and hydrocodone, it was noted. Said drug testing was notable for testing of 15 different opioid metabolites, 10 different benzodiazepine metabolites, and multiple antidepressant metabolites. Confirmatory and quantitative testing were performed. On September 30, 2014, the applicant was again asked to undergo drug testing. The applicant was using Norco, fenoprofen, Prilosec, Voltaren, and quazepam at that point in time, it was acknowledged. 9/10 pain was noted. The applicant's work status was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** 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 based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

**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 when an applicant was last tested, attach an applicant's medication list to the request for authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug 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 clearly state when the applicant was last tested. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. Confirmatory and quantitative testing were performed, despite the unfavorable ODG position on the same. Nonstandard drug testing was performed which included testing for multiple different opioid, benzodiazepine, and antidepressant metabolites. Such nonstandard drug testing did not conform to the best practices of the United States Department of Transportation (DOT). Therefore, the request was not medically necessary.