MAXIMUS Federal Services

| Case Number: | CM14-0042060 | | |
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| Date Assigned: | 06/30/2014 | Date of Injury: | 01/03/2001 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

## 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 chronic shoulder, knee, wrist, hand, neck, and low back pain with derivative complaints of psychological stress reportedly associated with an industrial injury of January 3, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier lumbar laminectomy surgery; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated April 7, 2014, the claims administrator retrospectively denied a request for urine drug testing, apparently performed in December 2013.The applicant's attorney subsequently appealed. In a March 7, 2014 rheumatology note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of total body pain, chronic fatigue, and insomnia. The low back and bilateral knees were primary pain generators. Topical compounds, Ativan, Cyclobenzaprine, Tramadol, and Prozac were endorsed while the applicant was placed off of work. On February 14, 2014, the attending provider sought authorization for urine drug testing. It was not stated whether or not this was a retrospective request or a prospective request. Drug testing was apparently performed on December 6, 2013 and included testing for approximately 10 different barbiturate metabolites and various opioid metabolites, along with approximately five to seven benzodiazepine metabolites. The drug screen did appear to include quantitative testing, as the applicant was described as having a cotinine value of 202 ng/mL.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Urinalysis drug screening between 12/6/2013 and 12/12/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Unversity of Michigaan Health Systems Guidelines for Clinical Care Managing Chronic Non-terminal Pain , Including Prescribing Controleed Substances (May 2009), pg 10,32-33.

**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 page 43 of the MTUS Chronic Pain 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 the ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intend to test for, clearly state when an applicant was last tested, and attach an applicant's complete medication list to the request for authorization for testing. Quantitative or confirmatory testing is typically not recommended outside of the emergency department drug overdose context, ODG notes, without some documentation supporting a need for the same. ODG also recommends conforming to the best practices of the United States Department of Transportation (DOT) while performing drug testing. In this case, the attending provider's performance of quantitative drug testing for cotinine and other metabolites, thus, ran counter to ODG parameters and principles. The attending provider did not state when the applicant was last tested. The attending provider did not provide any rationale for selection of the multiple drug panels which include testing for numerous different metabolites when the applicant was negative for the parent drug classes. This, in effect, represented a nonstandard drug testing which did not conform to the best practices of the United State Department of Transportation (DOT). Since several ODG criteria for pursuit of drug testing were not seemingly met here, the request is not medically necessary.