

<b>Case Number:</b>	CM14-0044961		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/12/2014

### 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 pain reportedly associated with an industrial injury of December 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; topical agents; earlier cervical fusion surgery; epidural steroid injection therapy; and adjuvant medications. In a Utilization Review Report dated April 2, 2014, the claims administrator retrospectively denied a request for urine drug testing performed on January 28, 2014, citing Non-MTUS ODG guidelines exclusively. The applicant's attorney subsequently appealed. In a May 29, 2014 progress note, the applicant presented with chronic neck and low back pain, reportedly severe, 10/10. The applicant was placed off of work, on total temporary disability. Urine drug testing of October 24, 2013 was reviewed and included testing for multiple antidepressant metabolites, approximately 10 different opioid metabolites and 10 different benzodiazepine metabolites. On October 16, 2013, drug testing was previously performed. It was stated that confirmatory testing was performed on "all drugs, excluding barbiturates, Carisoprodol, and TAC." Drug testing was performed at various other points in time, including in March 2013, and on April 8, 2014. On multiple occasions, confirmatory testing was performed, despite the fact that the applicant was negative for many of the parent drug classes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retroactive request for urine drug screen (UDS) date of service 1/28/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Test (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 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, clearly state which drug tests and/or drug panels he intend to test for, and attempt to conform to the best practices of the United State Department of Transportation (DOT) while performing testing. ODG generally advises against usage of confirmatory and/or quantitative testing outside of the emergency department drug overdose context, it is further noted. In this case, however, the attending provider did seemingly perform confirmatory and quantitative testing on several occasions, despite the unfavorable ODG position on the same. The attending provider also tested for numerous opioid, Benzodiazepine, antidepressant, and barbiturate metabolites on many instances, despite the fact that the applicant was negative for the parent drug classes. Testing for the numerous metabolites in question did not conform to the best practices of the United State Department of Transportation (DOT). For all of the stated reasons, then, the request was not medically necessary.