

<b>Case Number:</b>	CM14-0046850		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Achilles tendonitis reportedly associated with an industrial injury of July 28, 2010. In a Utilization Review Report dated April 2, 2014, the claims administrator denied a request for urine drug testing performed on February 14, 2014, invoking both MTUS and non-MTUS ODG Guidelines. In a progress note dated February 14, 2014, the applicant presented with persistent complaints of left foot and ankle pain. The applicant was described as status post left foot tendon repair surgery. 6-8/10 pain was appreciated. The applicant was not working, it was suggested, owing to pain complaints. The applicant was no longer receiving any indemnity benefits, it was stated. The applicant was given a diagnosis of Achilles tendonitis. Naprosyn, Prilosec, and a urine drug screen with quantitative analysis were endorsed. The applicant's medication list prior to the visit included Naprosyn and tramadol, it was suggested. Naprosyn is causing heartburn, it was incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request of Urine Drug Screen with Confirmation for DOS 2/14/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Occupational Disability Guidelines (ODG): Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing, page 43.

**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 frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter urine drug testing topic, quantitative testing is not recommended for verifying compliance without evidence of necessity. It is unclear why the attending provider has sought quantitative testing in the face of the unfavorable ODG recommendation. ODG goes on to note that confirmatory drug testing, also being sought here, is likewise not recommended outside the emergency department drug overdose context. Finally, ODG recommends an attending provider furnish a list of those drug tests and/or drug panels which he intends to test for. In this case, this was not furnished. For all the stated reasons, the request was not medically necessary.