

<b>Case Number:</b>	CM14-0015970		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	01/02/1998
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of January 2, 1998. In a Utilization Review Report dated January 24, 2014, the claims administrator failed to approve a request for urine drug testing, noting that the applicant had had drug testing some one month prior. The claims administrator referenced several non-MTUS guidelines at the bottom of his report, none of which were incorporated into the report rationale. The claims administrator also referenced a January 15, 2014 RFA form. The applicant's attorney subsequently appealed. The applicant did undergo drug testing on May 9, 2014. Quantitative testing of multiple different opioid metabolites was performed. In an associated progress note of the same date, May 6, 2014, the applicant reported ongoing complaints of low back and knee pain. The applicant was using a walker to move about. The applicant was using Norco, Prilosec, Promolaxin, verapamil, hydralazine, Lopressor, prednisone, Imuran, and Celebrex, it was incidentally noted. The applicant was given a diagnosis of chronic low back pain and reflex sympathetic dystrophy. Both Norco and Prilosec were renewed. The applicant did not appear to be working with previously imposed permanent limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TOXICOLOGY SCREEN, AS AN OUTPATIENT FOR THE LOW BACK AND LOWER LEG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 43 of 127.

**Decision rationale:** No, the request for a urine toxicology screen was not medically necessary, medically appropriate, or indicated here. 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. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, clearly state which drug tests and/or drug panels he intends to test for, and attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent testing would be indicated. Here, however, it was not clearly stated when the applicant was last tested. Confirmatory and/or quantitative testing were performed, despite the unfavorable ODG position on the same. The drug testing performed did include nonstandard confirmatory and/or quantitative testing on multiple different opioid metabolites. No clear rationale for the same was furnished. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

**URINE TOXICOLOGY SCREEN AS AN OUTPATIENT FOR LOW BACK AND LOWER LEG PAIN BETWEEN 1/23/2014 AND 3/9/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page 43 of 127.

**Decision rationale:** No, the request for a urine toxicology screen was not medically necessary, medically appropriate, or indicated here. 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. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, clearly state which drug tests and/or drug panels he intends to test for, and attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent testing would be indicated. Here, however, it was not clearly stated when the applicant was last tested. Confirmatory and/or quantitative testings were performed, despite

the unfavorable ODG position on the same. The drug testing performed did include nonstandard confirmatory and/or quantitative testing on multiple different opioid metabolites. No clear rationale for the same was furnished. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.