

<b>Case Number:</b>	CM14-0182816		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 injured worker is a represented employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of July 5, 2013. In a Utilization Review Report dated September 26, 2014, the claims administrator denied a urinalysis/urine drug screen in preparation for an upcoming appointment. The claims administrator stated that the attending provider has failed to document what medications the injured worker was taking prior to seeking drug screen. The claims administrator stated that its decision was based on a RFA form of April 2, 2014 and progress notes of February 16, 2014 and February 18, 2014. The injured worker's attorney subsequently appealed. On April 2, 2014, the injured worker presented to a new primary treating provider (PTP) reporting multifocal complaints of neck, low back, wrist, and foot pain. The injured worker was placed off of work, on total temporary disability. Laboratory testing performed on April 25, 2014 was reviewed and did include both qualitative and quantitative drug testing for approximately 10 different benzodiazepine metabolites, and approximately 7 to 10 different opioid metabolites. The testing was seemingly negative for all items on the panel. In a progress note of the same date, April 25, 2014, the injured worker reported multifocal pain complaints and was given prescriptions for Naprosyn, tramadol, glucosamine, several topical compounds, and Prilosec. Imaging studies of various body parts was sought. The injured worker was unable to return to work, it was acknowledged. In a progress note of the same date, April 25, 2014, the injured worker reported multifocal pain complaints and was given prescriptions for Naprosyn, tramadol, glucosamine, several topical compounds, and Prilosec. Imaging studies of various body parts was sought. The injured worker was unable to return to work, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis x 1 procedure for upcoming appointment on 10/3/2014:** 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): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (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 Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing the attending provider should clearly state what drug tests and/or drug panels is intended to test for; attach an injured worker's complete medication list to the request for authorization for testing. In addition it should be stated when an injured worker was last tested, eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. However, in this case it was not clearly stated how often and/or at what frequency the injured worker was being tested. The injured worker's complete medication list was not seemingly attached to the RFA form. The attending provider's testing of multiple different opioid and benzodiazepine metabolites did not conform to the best practices of the United States Department of Transportation (DOT). Since the guidelines criteria for pursuit of drug testing were not seemingly met, the request is not medically necessary.