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| <b>Case Number:</b>   | CM14-0196650 |                              |            |
| <b>Date Assigned:</b> | 12/04/2014   | <b>Date of Injury:</b>       | 02/25/2011 |
| <b>Decision Date:</b> | 01/21/2015   | <b>UR Denial Date:</b>       | 11/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/24/2014 |

### 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 low back pain reportedly associated with an industrial injury of February 25, 2011. In a utilization review report dated November 14, 2014, the claims administrator failed to approve a request for a urine drug screen apparently sought on November 6, 2014. The claims administrator noted that the applicant had ongoing complaints of low back and leg pain and suggested that the applicant was using a variety of medications, including methadone, Elavil, Wellbutrin, and Ambien. The claims administrator stated that the applicant appeared to be receiving drug testing every two months and was receiving "excessive and overly comprehensive testing" without any rationale for the same. The applicant's attorney subsequently appealed. Drug testing of November 6, 2014 was reviewed and did include testing for multiple different opioid and benzodiazepine metabolites. Quantitative testing was performed on various benzodiazepine metabolites including nordazepam, oxazepam, and temazepam. Quantitative testing was also performed on methadone and other opioid metabolites. In an associated progress note dated November 6, 2014, the applicant reported ongoing complaints of low back pain radiating into the right leg, highly variable, 4/10 to 9/10. The applicant had to quit smoking, as suggested. The applicant's medications included methadone, Cymbalta, Lipitor, Wellbutrin, Elavil, and Valium. Methadone was renewed. Urine drug testing was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43. Decision based on Non-MTUS Citation ODG, Physical/Occupational Therapy Guidelines

**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. ODG's Chronic Pain Chapter, Urine Drug Testing topic notes, however, that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context and attempt to conform to the best practices of the [REDACTED] [REDACTED] when performing testing. ODG also notes that an attending provider should identify when an applicant was last tested and clearly state what drug testing and/or drug panels he intends to test for and why. In this case, the attending provider did not state what drug testing and/or drug panels are being tested for. The attending provider did not state why nonstandard testing for multiple different opioid and benzodiazepine metabolites was performed, nor did the attending provider furnish any rationale which would support performance of confirmatory and quantitative testing in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.