

<b>Case Number:</b>	CM14-0199508		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 September 5, 2004. In a Utilization Review Report dated November 17, 2014, the claims administrator denied a urine drug screen. The claims administrator referenced a November 7, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In a November 7, 2014 progress note, the applicant reported ongoing complaints of low back and leg pain. The applicant was using Norco at a rate of four to six tablets daily and was using Kadian for long-acting pain relief. The applicant also reported ancillary complaints of anxiety and depression, reportedly attributed to her chronic pain issues. The applicant also requested a refill of Xanax. The applicant had issues with psychological testing associated with an ill mother. The applicant denied any history of drug abuse. The applicant's complete medication list included Motrin, diclofenac patches, Terocin, Flexeril, Zoloft, Xanax, Kadian, and Norco. Multiple medications were renewed. The applicant was not working, it was acknowledged. Drug testing was performed. In an earlier note dated October 5, 2014, it was again acknowledged that the applicant was not working. Norco, morphine, and Xanax were endorsed on that date. On August 12, 2014 drug testing was apparently performed. The drug testing in question did include testing for approximately 10 to 15 different opioid metabolites and five to seven different benzodiazepine metabolites. Confirmatory and quantitative testing was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (1) Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing 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, however, stipulates that an attending provider clearly identify when an applicant was last tested, attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative drug testing outside of the Emergency Department Drug Overdose context, and attempt to categorize the applicants at a higher- or lower-risk category for which more or less frequent testing would be indicated. Here, however, earlier drug testing of August 12, 2014 did apparently include confirmatory and quantitative testing, despite the unfavorable ODG position on the same. Said testing of August 12, 2014, furthermore, included testing for multiple different opioid and benzodiazepine metabolites. Such testing, thus, represent non-standard testing which did not conform to the best practices of the United States Department of Transportation (DOT). Therefore, the request was not medically necessary.