

<b>Case Number:</b>	CM14-0202677		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 pain syndrome reportedly associated with an industrial injury of October 22, 2011. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve a request for toxicology screening (AKA urine drug testing). An October 7, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated October 7, 2014, MRI imaging of unspecified body parts, a functional capacity evaluation, physical therapy, acupuncture, and DNA testing were proposed, along with toxicology testing every six weeks, nerve conduction testing, electrodiagnostic testing, and several topical compounded medications. In an associated Doctor's First Report (DFR) dated October 7, 2014, the applicant reported ongoing complaints of shoulder pain. The applicant had apparently transferred care to a new primary treating provider. The applicant's work status was not clearly stated. Little-to-no narrative commentary was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)Urine drug testing (UDT).

**Decision rationale:** No, the request for toxicology screening (AKA urine drug testing) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended 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, and attempt to categorize the applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not identify when the applicant was last tested. The applicant's complete medication list was not attached. The attending provider made no attempt to categorize the applicant into a higher-risk category for which toxicology screening at a rate of every six weeks would have been indicated. Therefore, the request was not medically necessary.