

<b>Case Number:</b>	CM14-0203896		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 and knee pain reportedly associated with an industrial injury of November 1, 2011. In a utilization review report dated November 28, 2014, the claims administrator denied a urine drug screen apparently sought via an RFA form dated November 13, 2014, and an associated progress note of October 28, 2014. The claims administrator suggested that the applicant had undergone earlier urine drug testing on August 15, 2014. The applicant's attorney subsequently appealed. In a June 6, 2014 progress note, the applicant reported persistent complaints of bilateral upper extremity pain, shoulder pain, and knee pain. Permanent work restrictions were renewed. It was not clearly established whether the applicant was or was not working with the said permanent limitations in place, although this did not appear to be the case. On June 24, 2014, drug testing was performed, the results of which were not clearly reported. Norco, Naprosyn, and Protonix were renewed. The drug testing did seemingly include testing for multiple different opioid and antidepressant metabolites. On June 23, 2014, the applicant underwent drug testing. Approximately 10 different opioid metabolites and 7 different benzodiazepine metabolites were tested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

**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:** The urine drug testing 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. Official Disability Guidelines Chronic Pain Chapter, Urine Drug Testing Topic, however, stipulates that an attending provider categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing is indicated, clearly identify the last time an applicant was tested, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative drug testing outside of the emergency department drug overdose context. Here, the applicant underwent earlier drug testing in June and August 2014 before the more recent drug test request was initiated in November 2014. No rationale for such frequent drug testing was proffered. The attending provider's continuing to test for multiple different opioid, benzodiazepine, and antidepressant metabolites, furthermore, did not conform to the best practices of the United States Department of Transportation (DOT). Since multiple Official Disability Guidelines criteria for pursuit of drug testing were not met, the request is not medically necessary.