

<b>Case Number:</b>	CM14-0042729		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/18/2010
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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, has a subspecialty in Preventive 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 neck pain and headaches reportedly associated with an industrial injury of November 18, 2010. In a Utilization Review Report dated February 24, 2014, the claims administrator partially approved a request for an office visit and urine drug testing of January 16, 2014 and February 13, 2014 as an office visit of January 16, 2014, an office visit of February 26, 2014, and urine drug testing of January 16, 2014 alone. The claims administrator invoked non-MTUS ODG guidelines to approve the office visits, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In an appeal letter dated September 10, 2013, the requesting provider also sought authorization for [REDACTED] quantitative urine drug test which included quantitative chromatography and mass spectrometry. The applicant was placed off of work, on total temporary disability, from a mental health perspective, via a psychological consultation dated November 15, 2013. Neither the January 16, 2014 nor the February 13, 2014 office visits and/or associated drug test results were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective OV (office visit) & UDS DOS ( 2/13/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Urine Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The requests have been tied together, as one larger request. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent follow-up visits are "often warranted" even in those applicants whose medical conditions are not expected to change appreciably from week to week, the request, as written, cannot be approved in light of the fact that the drug testing component of the request cannot be supported here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intermittent drug testing is recommended in the chronic pain context, 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, further notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, and states that an attending provider should attempt to risk stratify applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did signal his intent to perform confirmatory and/or quantitative testing, as noted on an appeal letter dated September 10, 2013 in conjunction with previously performed quantitative drug testing. The request for quantitative drug testing, thus, runs counter to ODG's principles and parameters. The drug testing component of the request, thus, cannot be supported in light of the fact that the testing, in all likelihood, does involve and include confirmatory and/or quantitative testing, which runs counter to the ODG position on the same. While it is acknowledged that the February 13, 2014 office visit was not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.