

<b>Case Number:</b>	CM15-0101828		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 49-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of October 16, 2012. In a Utilization Review report dated May 30, 2015, the claims administrator failed to approve a request for a urine toxicology screen. RFA form received on May 7, 2015 and an associated progress note of April 20, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported ongoing complaints of neck and shoulder pain, reportedly severe, 10/10. The note was very difficult to follow, mingled historical issues with current issues. The applicant was still smoking, it was reported, and had done so over the preceding 29 years. Urine drug testing was endorsed while Zanaflex was renewed. The applicant was asked to employ TENS unit and traction device. It was suggested that the applicant was working following earlier cervical fusion surgery. The applicant's medication list reportedly included Norco and naproxen.

### 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, Steps to Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT). (2015).

**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 a urine toxicology screen (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 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 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, clearly state when an applicant was last tested, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize applicants into higher- or lower-risk cases for whom more or less frequent drug testing would be indicated. Here, however, the attending provider, while acknowledging that the applicant was using Norco, naproxen, and Zanaflex, did not clearly state whether these were the only medications which the applicant was using. The applicant's complete medication list, thus, was not attached to the request for testing. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing here. It was not clearly identified when the applicant was last tested. There was no mention whether or not the applicant was a higher- or lower-risk individual who warrants in more or less frequent testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.