

<b>Case Number:</b>	CM15-0101849		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/14/2015
<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 57-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 26, 2010. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve a request for urine drug screen. The claims administrator referenced a May 7, 2015 RFA form and associated progress note of April 13, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated November 3, 2014, the applicant reported multifocal complaints of elbow, hand, wrist, and elbow pain. The applicant was placed off of work, on total temporary disability. The applicant's work status was not detailed. On May 11, 2015, the applicant reported multifocal complaints of neck and bilateral wrist pain, right greater than left. 6/10 pain complaints were reported. The applicant presented to obtain a medication refill, it was stated. The applicant was still smoking a quarter pack a day, it was reported. Physical therapy was endorsed. The applicant was apparently using Ambien, Axid, Norco, and oral Voltaren, it was reported. The applicant was placed off of work, on total temporary disability. The note was very difficult to follow and mingled historical issues with current issues. On April 13, 2015, drug testing was apparently endorsed. The applicant's medication list included Ambien, Axid, oral Voltaren, and Norco, it was stated in one section of the note. The applicant was placed off of work, on total temporary disability. It was not clear whether this represented the entire medication list. It was not stated what drug test(s) were being sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Active/medicated specimen collection (Urine Drug Screen): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

**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 drug screen is 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 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 applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not clearly stated what drug tests and/or drug panels were sought. While the attending provider did document some of the applicant's medications, it was not clearly stated when the applicant's medication list had last been updated. 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 quantitative and/or confirmatory testing here. There was likewise no mention of whether or not the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.