

<b>Case Number:</b>	CM15-0011505		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 20, 2013. In a Utilization Review Report dated January 12, 2015, the claims administrator failed to approve a urine toxicology screening/urine drug screen. The claims administrator referenced a September 18, 2014 progress note in its determination. The claims administrator noted that the applicant continued to report ongoing complaints of low back pain radiating to the leg on that date. On December 18, 2014, the applicant reported persistent complaints of mid and low back pain, 6/10. The applicant was asked to consult a spine specialist. Urine drug testing was performed. The components of the urine drug test were not stated. Work restrictions were also endorsed. The applicant's medication list was not attached. On June 11, 2014, the applicant was described as having persistent complaints of low back pain radiating into the right leg status post earlier lumbar discectomy surgery.

### 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, Criteria for Use.

**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 urine toxicology screen 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, attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated, and eschew confirmatory and/or quantitative drug testing outside of the emergency department drug overdose context. Here, however, the claims administrator did not clearly state which drug tests and/or drug panels were tested for. The claims administrator did not attach the applicant's complete medication list to the request for authorization for testing. Here, the requesting provider did not attach the applicant's complete medication list to the request for authorization for testing. The requesting provider did not clearly state which drug tests and/or drug panels he was testing for. The requesting provider did not make any attempt to categorize the applicant into higher or lower-risk categories for which more or less frequent drug testing may be indicated. It was not stated when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.