

<b>Case Number:</b>	CM15-0137589		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 33-year-old [REDACTED] beneficiary who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of October 11, 2013. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for urine toxicology testing (AKA urine drug testing). The claims administrator referenced a May 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 25, 2015, the applicant reported 8/10 elbow and forearm pain complaints. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. An orthopedic consultation was sought. The applicant's medication list was not detailed. On January 20, 2015, the applicant underwent a Functional Capacity Evaluation (FCE) of some kind, the results of which were not clearly reported. On March 3, 2015, an elbow surgeon stated that there were no objective findings which would substantiate the applicant's continued allegations of elbow pain. In a handwritten note dated October 27, 2014, multiple topical compounds were prescribed and/or dispensed. The applicant's complete medication list was not detailed. On December 3, 2014, the applicant again reported ongoing complaints of elbow and forearm pain. A final Functional Capacity Evaluation, work restrictions, electro diagnostic testing, and an orthopedic evaluation were sought. Electro diagnostic testing of the bilateral upper extremities dated January 9, 2015 was interpreted as normal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Toxicology (Urine Drug Test): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing (UDT), Criteria for Use of 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) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** No, the request for urine toxicology testing (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 what drug tests or drug panels he intended to test for and why, 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 categories for whom more or less frequent drug testing would be indicated. Here, however, multiple progress notes, referenced above, both handwritten and typewritten, failed to outline the applicant's complete medication list. It was not clearly stated or clearly established what drug or toxicology tests were being sought. The attending provider neither signaled his intention to eschew confirmatory and quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing here. It was not stated whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.