

<b>Case Number:</b>	CM15-0145027		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 represented 43-year-old who has filed a claim for chronic low back and hip pain with derivative complaints of depression and hypertension reportedly associated with an industrial injury of December 12, 2012. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve requests for both qualitative and quantitative drug testing apparently espoused via an RFA form dated March 31, 2015. The applicant's attorney subsequently appealed. On March 31, 2015, the applicant apparently presented reporting a variety of issues including depression and hypertension. The applicant was status post a pelvic fracture ORIF procedure. The applicant had also undergone colostomy, it was incidentally noted. The applicant had had previous drug testing positive for buprenorphine, consistent with the applicant's purported opioid detoxification. The applicant was continued on Lotrel, Suboxone, doxazosin, and Cialis. The applicant was placed off of work, on total temporary disability. While some of the applicant's medications were discussed, the applicant's complete medication list was not furnished. It was not stated when the applicant was last tested. In a March 31, 2015 RFA form, both quantitative and qualitative drug testing were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Urine Drug Test: Quantitative Lab Confirmations: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids-urine drug testing Page(s): 77-80, 94.

**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 quantitative laboratory confirmatory 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 eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attach an applicant's complete medication list to the request for authorization for 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, the attending provider's March 31, 2015 RFA form did not clearly state why confirmatory drug was sought in the face of the unfavorable ODG position on the same. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not identify when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.

**Retro: Urine Drug Test: Qualitative Point of Care Test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids-urine drug testing Page(s): 77-80, 94.

**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:** Similarly, the request for qualitative point of care drug testing was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option 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 Test topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, clearly state when the applicant was last tested, clearly identify which drug tests and/or drug panels he intends to test for and why and attempt to categorize the applicants into higher-or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, neither the March 31, 2015 RFA form nor the associated progress note of the same date, March 31, 2015 clearly stated when the applicant was last tested. The applicant's complete medication list was not attached. There was no mention 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 met, the request is not medically necessary.