

<b>Case Number:</b>	CM15-0181490		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 neck, low back, hand, and arm pain reportedly associated with an industrial injury of August 4, 2014. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for urine drug testing. The claims administrator referenced an August 19, 2015 RFA form and an associated August 5, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 5, 2015 office visit, the applicant was asked to pursue physical therapy. Prescriptions for Naprosyn and omeprazole were endorsed in conjunction with the drug testing in question. The applicant had not returned to work, it was acknowledged. He has been off work for over six months, it was reported. Multiple complaints of neck pain, shoulder pain, headaches, knee pain, and psychological stress were all reported. The applicant was kept off of work, on total temporary disability. It was not stated when the applicant was last drug tested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Panel Urine Drug Screen x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** No, the request for six panel urine drug screen x6 is not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend urine drug testing as an option to screen for the presence or absence of illegal drugs 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, 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, the attending provider did not clearly state when the applicant was last tested. The attending provider did not state why he was seeking six consecutive drug tests. The attending provider made no mention of the claimant being higher-risk individual for whom such frequent drug testing would be indicated. The attending provider neither signaled his attention to conform to the best practices of the United States Department of Transportation when performing drug testing nor signaled his intention to eschew confirmatory or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request is not medically necessary.