

<b>Case Number:</b>	CM15-0188439		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/27/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 low back pain (LBP) reportedly associated with an industrial injury of April 27, 2009. In a utilization review report dated August 24, 2015, the claims administrator failed to approve a request for a urine drug screen with alcohol testing and a complete urinalysis. The claims administrator referenced an office visit dated August 14, 2015 in its determination. On September 4, 2015, the attending provider appealed the previous denials. The attending provider contended that the claims administrator failed to furnish a clear or compelling rationale for denials. The attending provider stated that the applicant had undergone earlier failed lumbar spine surgery and was on Naprosyn, Neurontin, Atarax, Wellbutrin, and Nucynta, it was stated in another section of the note. The appeal letter was 13 pages long and quite difficult to follow. It was not seemingly stated when the applicant was last drug tested. On May 13, 2015, the attending provider acknowledged that the applicant was no longer working, was largely bedridden secondary to pain complaints, and was in the process of applying for Social Security Disability Insurance (SSDI), at age 38. Epidural steroid injection therapy was sought. On August 14, 2015, the attending provider apparently sought authorization for a sacroiliac joint injection, Nucynta, hepatic function testing, urine drug testing, a urinalysis, alcohol testing, and an orthopedic referral. The attending provider stated that the applicant was "disabled" and could not return to the workforce. The applicant was placed off work, on total temporary disability. The note was some 17 pages long and was somewhat difficult to follow as it mingled historical issues with current issues.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Urine Drug Screen:** 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:** The request for a urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option in the chronic pain population, to assess for the presence or absence of illegal drugs, 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 which drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the [REDACTED] when performing drug testing, 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 neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the [REDACTED] when performing drug testing. It was not clearly stated when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.

### **Alcohol Complete Urinalysis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

**Decision rationale:** Similarly, the request for a complete urinalysis with alcohol testing was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1, page 311 acknowledges that a urinalysis may be considered in applicants in whom there are red flags for cancer and/or infection present, here, however, the attending provider's August 14, 2015 progress note made no mention of the applicant's having issues with any suspected infectious process. The applicant's urologic review of systems was negative for dysuria, hematuria, polyuria, or other symptoms suggestive of a urinary tract infection or other infectious process. Since the complete urinalysis component of the request was not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.