

<b>Case Number:</b>	CM15-0193715		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/16/2015
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 16, 2015. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a specimen collection handling fee reportedly associated with drug testing performed on July 29, 2015. The applicant's attorney subsequently appealed. On September 2, 2015, Neurontin, Norco, Protonix, and several topical compounds were endorsed to ameliorate ongoing complaints of low back pain, 9½/10. The applicant's work status was not detailed, although it did not appear that the applicant was working. On August 20, 2015, the applicant was placed off of work, on total temporary disability. The applicant had undergone earlier lumbar spine surgery in 1997, it was reported. On July 28, 2015, urine drug testing was apparently performed. Norco and several topical compounds were endorsed. 8½/10 pain complaints were reported. There was no mention when the applicant was last tested. Overall commentary was sparse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Specimen collection and handling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**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 a specimen collection and handling fee associated with drug testing performed on July 29, 2015 was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing 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 testing and/or drug panels he intends to test for, 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, the attending provider's July 28, 2015 office visit did not state when the applicant was last testing. While the attending provider renewed various medications including Norco, Neurontin, topical compounds, etc., the attending provider did not state whether these medications represented the applicant's entire medication list. There was no mention whether the applicant was a higher or lower-risk individual for whom more or less frequent drug testing would be indicated. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request for drug testing and/or the associated specimen handling and collection fee was not indicated. Therefore, the request was not medically necessary.