

<b>Case Number:</b>	CM15-0195243		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/08/1999
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 72-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of June 8, 1999. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for a urine toxicology screen. The claims administrator referenced an RFA form received on September 2, 2015 and an associated progress note dated August 20, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 1, 2015, physical therapy and the urine toxicology screen at issue were endorsed. On an associated progress note dated August 20, 2015, the applicant reported ongoing issues with chronic neck and shoulder pain with derivative psychological issues. The applicant was no longer working and was reportedly retired, it was stated. Urine drug testing was performed, the results of which were not clearly reported. The attending provider did not attach the applicant's complete medication list, it was further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

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

**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 urine toxicology screen (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 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. ODGs 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, 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 August 20, 2015 office visit at issue did not include and/or incorporate the applicant's complete medication list. 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] [REDACTED] when performing testing. There was no mention of whether the applicant was a higher- or lower-risk individuals 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.