

<b>Case Number:</b>	CM15-0196335		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 August 8, 2013. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve a request for urine chromatography testing. An RFA form dated August 12, 2015 was referenced in the determination, along with an office visit dated May 22, 2015. The applicant's attorney subsequently appealed. On a handwritten drug test order dated August 13, 2015, difficult to follow, somewhat blurred as a result of repetitive photocopying, the treating provider sought authorization for a "comprehensive drug panel." On an associated RFA form dated August 12, 2015, 42 units of "quantitative chromatography" were sought, seemingly without much in the way of a supporting rationale. On April 10, 2015, the applicant was placed off of work, on total temporary disability, while Norco, Tramadol, and Prilosec were renewed. The applicant was asked to pursue a repeat epidural steroid injection. Drug testing was apparently performed. Drug testing performed on May 22, 2015 did include non-standard drug testing of multiple different opioid, benzodiazepine, and anticonvulsant metabolites.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chromatography, quantitative 42 units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 42 units of quantitative chromatography was not medically necessary, medically appropriate, or indicated here. The request in question appeared to represent a request for confirmatory and quantitative drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend 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, 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 did not clearly state when the applicant was last tested. Little-to-no narrative commentary accompanied the August 12, 2015 RFA form. Confirmatory and quantitative testing were sought, despite the unfavorable ODG position on the same. There was no mention of whether the applicant was a higher or lower-risk candidate for whom more or less frequent drug testing would be indicated. Earlier drug testing performed on April 10, 2015 included non-standard drug testing to include multiple different opioid, benzodiazepine, and anticonvulsant metabolites. Such testing does not conform to the best practices of United States Department of Transportation (DOT). 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.