

<b>Case Number:</b>	CM15-0197408		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 injured worker is a 50 year old female, who sustained an industrial injury on 10-20-2014. She has reported injury to the neck, left shoulder, and low back. The diagnoses have included acute cervical strain; subacromial impingement of left shoulder; lumbosacral strain; and left lumbar radiculopathy. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Cyclobenzaprine. A progress report from the treating physician, dated 07-06-2015, documented an evaluation with the injured worker. The injured worker reported neck, shoulder, and back pain; she has yet to have MRI and x-rays studies performed; she now ambulates with a cane and uses it only for balance. Objective findings included use of assistive device; gait slow and cautious; moderate tenderness to cervical spine and upper trapezius are on the left with spasm; cervical spine ranges of motion are decreased; moderate tenderness to the medial low back and over the spinal column; the pain refers bilaterally to the buttocks and laterally to the left lower back; and lumbar spine ranges of motion are decreased. The treatment plan has included the request for retrospective date of service: 07-06-15: on site collection-off site confirmatory analysis using high complexity laboratory tests protocols including GC-MS, LC-MS, and Elisa technology for medication compliance. The original utilization review, dated 09-14-2015, non-certified the request for retrospective date of service: 07-06-15: on site collection-off site confirmatory analysis using high complexity laboratory tests protocols including GC-MS, LC-MS, and Elisa technology for medication compliance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 7/6/15: On site collection/off site confirmatory analysis using high complexity laboratory tests protocols including GC/MS, LC/MS, and Elisa technology for medication compliance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain; Section: Urine Drug Testing.

**Decision rationale:** The Official Disability Guidelines comment on the use of urine drug testing for patients with chronic pain. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. Main types of UDT: Screening Assays: Typically, screening tests are based on immunoassays, which can be either laboratory-based or point-of-collection testing (POC). The standard immunoassay screen has a sensitivity of 90% to 95% and specificity of 85% to 90%. Regarding confirmatory testing, the guidelines state the following: Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. Further, the guidelines state that confirmatory testing is appropriate if a urine drug test is positive for a non-prescribed scheduled drug or illicit drug. In this case, the patient's urine drug screen showed evidence of a non-prescribed scheduled drug; namely hydromorphone (dilaudid). Therefore, there is sufficient cause for confirmatory testing using high complexity laboratory tests protocols including GC/MS, LC/MS, and Elisa technology. This test is medically necessary.