

<b>Case Number:</b>	CM15-0219434		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 55-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 27, 2012. In a Utilization Review report dated October 30, 2015, the claims administrator failed to approve a request for a urine drug test. The claims administrator referenced an October 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a November 4, 2015 office visit, the applicant reported multifocal complaints of neck, shoulder, elbow, mid back, and low back pain. Duragesic, Amitiza, Flexeril, and Norco were all seemingly renewed and/or continued. On a progress note dated October 26, 2015, the applicant reported ongoing issues with shoulder and neck pain. The applicant was continued with Neurontin, Amitiza, Flexeril, Duragesic, and Norco, the treating provider reported. The attending provider contended that the applicant had stopped use of marijuana some 10 days prior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug test:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Diagnostic Testing, and Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** Yes, the request for a urine drug test was medically necessary, medically appropriate, and indicated here. As noted on page 43 of the MTUS Chronic Pain Medical Treatment Guidelines, drug testing is recommended in the chronic pain population, to assess for the presence or absence of illegal drugs. The MTUS Guideline in ACOEM Chapter 15, page 397 also notes that testing for usage of illicit drugs should be considered in applicants in whom the presentation is suggestive. Here, the treating provider stated on the October 26, 2015 office visit at issue that the applicant had a history of prior illicit substance abuse. Obtaining drug testing to assess whether or not the applicant was still using marijuana was, thus, indicated. Therefore, the request was medically necessary.