

<b>Case Number:</b>	CM15-0085407		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 52-year-old who has filed a claim for chronic neck, knee, elbow, and shoulder pain reportedly associated with an industrial injury of June 22, 2011. In a Utilization Review report dated April 9, 2015, the claims administrator denied urine drug testing performed on March 24, 2015 and March 27, 2015. The claims administrator referenced a RFA form dated April 1, 2015 and progress note of March 27, 2015 in its determination. The applicant's attorney subsequently appealed. On November 4, 2014, the applicant reported ongoing complaints of neck and shoulder pain, 4-8/10. The applicant was using MS Contin for pain relief. The applicant received renewals of the same. The applicant was placed off work, on total temporary disability. The applicant had undergone earlier failed neck, shoulder, and elbow surgeries, it was acknowledged. On February 23, 2015, the applicant was, once again, placed off work, on total temporary disability. The applicant was asked to continue morphine. On March 16, 2015, the applicant was asked to continue morphine some five months removed from a cervical fusion procedure. In a RFA form dated April 1, 2015, MS Contin and urine drug screen were endorsed. Drug test of some kind was collected on March 27, 2015. Said drug test was positive for opioids. The drug test results were blurred because of repetitive photocopying. An associated progress note of March 27, 2015 suggested that the applicant's random urine drug testing was consistent with previously prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 Urine drug screen test DOS 03/24/2015 and 03/27/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** No, the urine drug tests performed on March 24, 2015 and March 27, 2015 were not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, 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 attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. ODG also notes that an attending provider should clearly state when an applicant was last tested. Here, however, the attending provider's March 27, 2015 progress notes did not clearly state or clearly establish when the applicant had last been tested. There was no attempt made to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would have been indicated. Therefore, the request was not medically necessary.