MAXIMUS Federal Services

| Case Number: | CM14-0144150 | | |
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| Date Assigned: | 09/12/2014 | Date of Injury: | 03/31/2009 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/08/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

## 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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] employee who has filed a claim for chronic hand, wrist, neck, and shoulder pain reportedly associated with an industrial injury of March 31, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; electrodiagnostic testing of July 29, 2014, notable for chronic C5 radiculopathy, mild median neuropathy and bilateral ulnar neuropathies; cannabinoids; psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated August 8, 2014, the claims administrator retrospectively denied a urine drug testing performed on October 23, 2013. The applicant's attorney subsequently appealed. The actual drug testing of October 23, 2013 was reviewed and did seemingly include "quantitative chromatography," despite the fact that the applicant was seemingly negative for all items in the panel, including approximately 20 opioid metabolites, 7 benzodiazepine metabolites, and 12 antidepressant metabolites. In a supplemental psychiatric report dated September 12, 2013, it was acknowledged that the applicant was not working and did have a lengthy history of marijuana consumption. In a July 24, 2013 progress note, the applicant presented with persistent complaints of low back, knee, and elbow pain. The applicant was asked to pursue extracorporeal shockwave therapy and viscosupplementation injections. Vicodin and Flexeril were renewed. The applicant was already permanent and stationary, it was acknowledged. The applicant apparently received drug testing on July 6, 2013. Once again, the drug testing included testing for 15 to 20 different opioid metabolites, 12 to 15 different antidepressant metabolites, and 7 to 10 benzodiazepine metabolites.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**PERFORMED UDS 10-23-13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** 1. No, the urine drug testing of October 23, 2013 was not medically necessary, medically appropriate, or indicated here.While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intermittent drug testing is recommended in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, clearly state when the applicant was last tested, attach the applicant's complete medication list to the request for authorization for testing, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. ODG, furthermore, argues against the routine performance of confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context. In this case, however, the attending provider did seemingly perform confirmatory and quantitative testing on several occasions, despite the fact that the applicant tested negative for several parent drug classes. The attending provider also performed nonstandard drug testing of several different opioid, benzodiazepine, and antidepressant metabolites. The attending provider did not clearly identify when the applicant was last tested. The attending provider did not seemingly attach the applicant's complete medication list to the request for authorization for testing. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.