

<b>Case Number:</b>	CM14-0089809		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; topical agents; and extensive periods of time off of work. In an October 18, 2013 progress note, the applicant reported persistent complaints of knee pain, 8-9/10. The applicant was using both tramadol and Butrans patches. Acupuncture therapy and a urinalysis were endorsed. The applicant was placed off of work, on total temporary disability. MR arthrography of the knee was also sought. Urine drug testing of October 18, 2013 was reviewed and included testing for approximately 10 different antidepressant metabolites, 10 different benzodiazepine metabolites, and 15 different opioid metabolites. Despite the fact that the drug test was negative for almost all of the items on the panel, the attending provider went on to perform "GC/MS confirmation" on "all drugs, excluding barbiturates, carisoprodol, and THC." On February 7, 2014, the applicant was described as having persistent complaints of knee pain status post earlier arthroscopic meniscectomy procedure. The applicant had apparently returned to work at this point in time, it was acknowledged. A variety of topical compounds were issued. Drug testing was apparently performed on this date, although the attending provider did not explicitly state that he was testing for drugs on this particular occasion. On February 7, 2014, the applicant did apparently undergo drug testing. Once again, despite the fact that the applicant was negative for all items in the panel with the exception of tramadol, the attending provider went on to perform "GC/MS confirmation" on "all drugs, excluding barbiturates, carisoprodol, and THC."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro urine drug test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** 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. 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, state when the last time an applicant was tested, and attach the applicant's complete medication list to the request for authorization for testing. Confirmatory and/or quantitative testing, per ODG, are typically not recommended outside of the emergency department drug overdose context, without some compelling evidence of medical necessity. In this case, however, the attending provider did perform confirmatory and quantitative drug testing, despite the fact that the applicant was negative for almost all the parent compounds in question. No rationale for the same was proffered. The attending provider did not, furthermore, clearly state when the applicant was last tested, nor did the attending provider attach the applicant's complete medication list to the request for authorization for testing. For all of the stated reasons, then, the request was not medically necessary.