

Case Number:	CM15-0126947		
Date Assigned:	07/20/2015	Date of Injury:	04/08/2014
Decision Date:	08/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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: New York
 Certification(s)/Specialty: Internal 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 injured worker is a 58 year old male, who sustained an industrial injury on 4/8/14. The injured worker has complaints of low back pain with numbness in the plantar feet when walking and occasional numbness in his medial shins. Lumbar spine examination revealed range of motion was moderately diminished and tenderness in the lumbosacral midline. The diagnoses have included lumbar strain; degenerative discs L2-L3, L3-L4, L4-L5 and L5-S1 (sacroiliac) and disc space narrowing facet arthropathy and disc protrusion L5-S1 (sacroiliac) with mild to moderate central and bilateral foraminal stenosis. Treatment to date has included lumbar spine X-rays on 10/14/14 showed loss of disc height L5-S1 (sacroiliac), anterior spondylosis L4-L5 and L5-S1 (sacroiliac); lumbar spine magnetic resonance imaging (MRI) on 6/20/14 showed there is minimal disc bulge at L2-L3 without central or foraminal stenosis and chiropractic treatments. The documentation noted on 5/21/15 a qualitative 12 panel drug screen was administered and was found to be negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 5/23/15): UDS Opiates: 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 Opioids, Urine drug testing Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the current available information in the submitted medical records of this injured worker and per review of guidelines, the medical necessity for requested treatment UDS Opiates has not been established.

Retro (DOS 5/23/15): UDS Mass spectrometry QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: As per MTUS, before a Therapeutic Trial of Opioids, urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. Official Disability Guidelines (ODG) state that laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) 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. When to perform confirmation: When the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. In this case, the treating provider does not provide any clear rationale for confirmatory testing all these medications using Mass spectrometry. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Mass spectrometry has not been established.

Retro (DOS 5/23/15): UDS Barbiturates QTY1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Barbiturates has not been established.

Retro (DOS 5/23/15): UDS G6046 (Dihydromorphinone) QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Dihydromorphinone has not been established.

Retro (DOS 5/23/15): UDS G6045 (Dihydrocodeinone) QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this

request and submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Dihydrocodeinone has not been established.

Retro (DOS 5/23/15): UDS Benzodiazepines QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Benzodiazepines has not been established.

Retro (DOS 5/23/15): UDS Amitriptyline QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Amitriptyline has not been established.

Retro (DOS 5/23/15): UDS Meprobamate QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and submitted documents do not clearly indicate if the injured worker had prior

urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS. Meprobamate has not been established.

Retro (DOS 5/23/15): UDS Desipramine QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Desipramine has not been established.

Retro (DOS 5/23/15): UDS Doxepin QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Doxepin has not been established.

Retro (DOS 5/23/15): UDS Methadone QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and

submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Methadone has not been established.

Retro (DOS 5/23/15): UDS Column Chromatography QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: As per MTUS, before a Therapeutic Trial of Opioids, urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. Official Disability Guidelines (ODG) state that laboratory-based specific drug identification which includes gas chromatography/ mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) 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. When to perform confirmation: When the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. In this case, the treating provider does not provide any clear rationale for confirmatory testing all these medications using Mass spectrometry. Based on the currently available information in the submitted Medical Records of this injured worker, and per review of guidelines, the medical necessity for requested treatment UDS Column Chromatography has not been established.

Retro (DOS 5/23/15): UDS G6057 (Phenothiazine) QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted medical records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Phenothiazine has not been established.

Retro (DOS 5/23/15): UDS G6042 Amphetamine /Methamphetamine QTY 1: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and

submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted Medical Records of this injured worker, and per review of guidelines, the medical necessity for requested treatment UDS Amphetamine /Methamphetamine have not been established.

Retro (DOS 5/23/15): UDS G6044 (Cocaine/Metabolite) QTY 1: 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 Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: MTUS states that urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker's date of injury is almost a year prior to this request and submitted documents do not clearly indicate if the injured worker had prior urine drug screen. Within the submitted medical records there is no clear discussion about initiation and goals of opioid therapy. Treating provider's notes indicate that injured worker is taking medication for hypertension and denies taking herbal supplements. Review of medical records does not indicate that this injured worker has history of substance abuse, noncompliance, or aberrant behavior. Based on the currently available information in the submitted Medical Records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment UDS Cocaine/Metabolite has not been established.