

<b>Case Number:</b>	CM15-0128338		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	03/24/2004
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 58-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 24, 2004. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for urine drug screen. The claims administrator referenced an RFA form received on June 17, 2015 and an associated progress note of June 15, 2015 in its determination. The applicant's attorney subsequently appealed. On June 15, 2015, the applicant reported ongoing complaints of neck and low back pain, 8 to 9/10. The applicant was on Neurontin, Norco, tramadol, and Voltaren gel, it was reported. Permanent work restrictions imposed by medical-legal evaluator were renewed. It was not clearly stated whether the applicant was or was working with said limitations in place, although this does not appear to be the case. Drug testing was endorsed. It was not stated when the applicant was last tested. The attending provider did not state whether the applicant was using other medications from other providers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** No, the request for a urine drug screen was 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. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state when an applicant was last tested, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would indicated. Here, however, it was not stated when the applicant was last tested. The attending provider neither signaled his intention to eschew his confirmatory testing nor signaled his intention to conform to the best practice of the United States of Department Transportation (DOT) when performing drug testing. The attending provider made no attempt to categorize the applicant into higher or lower-risk categories for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.