

<b>Case Number:</b>	CM15-0129182		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/13/2001
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/05/2015
<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 69-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of December 13, 2001. In a Utilization Review report dated June 5, 2015, the claims administrator partially approved a request for urine drug testing as a 10-panel random urine drug screening with qualitative analysis only and quantitative testing only on inconsistent results. The claims administrator referenced an April 14, 2015 progress note in its determination. The applicant's attorney subsequent appealed. On June 9, 2015, the applicant reported ongoing complaints of neck, low back, bilateral upper extremity and shoulder pain. The applicant was on Norco and Mobic, it was reported. Drug testing was performed while the applicant was placed off of work, on total temporary disability. It was not stated when the applicant was last tested. A drug testing dated May 17, 2015 did include non-standard drug testing on multiple different opioid, benzodiazepine, anticonvulsant, and antidepressant metabolites. On May 12, 2015, the applicant was again placed off of work, on total temporary disability. Drug testing was performed on this date. Drug testing was likewise performed on an earlier note of April 14, 2015, at which point the applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Urine Drug Screen (DOS: 05/12/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary, Urine Drug Testing (UDT).

**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 (Chronic), Urine drug testing (UDT).

**Decision rationale:** No, the request for urine drug testing performed on May 12, 2015 is 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 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 which drug testing or drug panels he intends to test for and why, and attempt to categorize applicants in the higher-or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly state why he was testing the applicant on such a frequent (monthly) basis. The attending provider did not state why non-standard drug testing to include testing for multiple different opioid, benzodiazepine, barbiturates, and anticonvulsant metabolites was performed, despite the unfavorable ODG position on the same. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.