

<b>Case Number:</b>	CM15-0175447		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of May 21, 2010. In a Utilization Review report dated August 5, 2015, the claims administrator failed to approve requests for urine drug testing reportedly performed on July 28, 2015, an associated specimen collection and handling fee, and a medication consultation. The claims administrator referenced a July 20, 2015 RFA form and an associated progress note in its determination. The applicant underwent previous drug testing on May 5, 2015. Said drug testing did include confirmatory and quantitative testing on multiple different opioid metabolites and was reportedly consistent with prescribed Norco, it was stated. On April 2, 2015, the applicant was placed off of work, on total temporary disability while acupuncture, aquatic therapy, a medication management consultation and knee MRI imaging were sought. Multifocal complaints of low back, neck, shoulder, hip, and knee pain were reported, with derivative complaints of sleep disturbance, depression, and anxiety. The requesting provider was a chiropractor (DC), it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication consultant:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Yes, the request for a medication consultation is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a chiropractor (DC) was likely ill-equipped to address issues with medication management. Obtaining the added expertise of a practitioner better-equipped to address such issues, namely a physician (MD or DO) licensed to prescribe medications was, thus, indicated. Therefore, the request is medically necessary.

**Specimen collection and handling:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Conversely, the request for specimen collection handling fee is not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, on which accompanied the primary request for urine drug testing performed on July 28, 2015. Since that request was deemed not medically necessary, below, the derivative or companion request for an associated specimen collection handling fee was likewise not indicated. Therefore, the request is not medically necessary.

**Urine drug toxicology screen (Retrospective DOS: 07/28/2015):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the request for a urine drug toxicology screen performed on July 28, 2015 is likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option to assess for the presence or absence of illicit drugs 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 tests and/or drug panels he intended to test for and why, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not state why drug testing was being performed on July 28, 2015, i.e., a little over 2 months removed from earlier drug testing on May 5, 2015. There was no mention of the applicant's being a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. Confirmatory and/or quantitative testing was performed on May 5, 2015, 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.