

<b>Case Number:</b>	CM15-0025692		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 Enterprise Rent a Car employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 6, 2012. In a Utilization Review Report dated January 26, 2015, the claims administrator denied a request for outpatient urine drug testing. The claims administrator referenced a December 10, 2014, progress note in its determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant did receive urine drug testing. Drug testing did contain nonstandard drug testing, which included testing for approximately 20 different opioid metabolites, 10 different benzodiazepine metabolites, and multiple barbiturates metabolites. Quantitative testing was performed on a variety of agents, including cyclobenzaprine. The applicant had also received similar non-standard drug testing at several other points in time, including on December 10, 2014. Once again, confirmatory and quantitative testing were performed. The applicant went on to receive drug testing on February 10, 2015. In an earlier note dated February 4, 2015, the applicant was returned to regular duty work, despite ongoing complaints of low back and bilateral shoulder pain. The applicant's medications included Flexeril, Neurontin, Naprosyn, Prilosec it was incidentally noted.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 43 of 127.

**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, notes that confirmatory and/or quantitative testing are recommended outside of the emergency department drug overdose context. Here, however, the attending provider did perform conformity and/or quantitative testing, despite the unfavorable ODG position on the same. ODG also suggested the attending provider to categorize the applicants into the higher or risk categories so as to justify more or less frequent drug testing. Here, however, the attending provider did not furnish any clear or compelling applicant specific rationale, which would support monthly drug testing, as was apparently performed in February 2015, January 2015, and December 2014. Therefore, the request was not medically necessary.