

<b>Case Number:</b>	CM15-0078547		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 37-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of August 14, 2013. In a Utilization Review report dated April 2, 2015, the claims administrator failed to approve a request for urine toxicology testing. The claims administrator referenced progress notes of March 17, 2015 and March 3, 2015 in its determination, along with lab testing dated March 3, 2015. The applicant's attorney subsequently appealed. In a handwritten RFA form dated March 17, 2015, Motrin, Prilosec, Methoderm, and urine toxicology testing were proposed. In an associated handwritten note dated March 17, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of low back and neck pain. The note was extremely difficult to follow. Norco, Motrin, and Prilosec were endorsed. The applicant's work status was not furnished. The applicant was asked to continue physical therapy. On December 10, 2014, the applicant reported multifocal complaints of neck, bilateral leg, low back, and bilateral shoulder pain, 8/10, with derivative complaints of anxiety, severe. Methoderm, Prilosec, and physical therapy were endorsed while the applicant was kept off of work, on total temporary disability. Drug testing dated March 3, 2015 did included non-standard drug testing of approximately 15 different opioid metabolites and multiple different antidepressant metabolites. The drug testing was apparently negative for all items in the panel. The drug test report stated that the applicant was on omeprazole, Methoderm, and Motrin. The applicant went on to undergo further drug testing on March 17, 2015 which did include testing for multiple different opioid and antidepressant metabolites. Multiple progress notes were reviewed, including those dated March 4, 2015,

February 3, 2015, and January 24, 2015. The applicant's treating providers did not comment on the drug test results in the body of any of these reports but, rather, placed the applicant off of work, on total temporary disability, on each occasion, noting that the applicant had significant psychiatric issues.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

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

**Decision rationale:** No, the request for urine toxicology testing/urine drug testing 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. 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 in fact perform non-standard drug testing which included testing for multiple different opioid and antidepressant metabolites without any clear or compelling rationale for the same. The attending provider did not state why drug testing was performed on March 3, 2015 and again performed two weeks later, on March 17, 2015. The attending provider did not comment on the results of the drug test in question on any of his progress notes, referenced above. 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 medically necessary.