

<b>Case Number:</b>	CM14-0155808		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old male with an injury date of 02/26/2013. Based on the 05/21/2014 progress report, the diagnoses are: acid reflux, rule out ulcer / anatomical alteration; shortness of breath, rule out cardiac vs. pulmonary vs. anxiety; chemical exposure; sleep disorder, likely secondary to pain and stress; anxiety / depression, referred to psych; cephalgia; dizziness; laryngeal / vocal cord cancer in 2013; hypertension, rule out industrial causation vs. aggravation; diabetes mellitus, rule out industrial causation vs. aggravation; sinusitis, rule out secondary to chemical exposure; neck / throat mass per patient (referred to appropriate specialist). According to this report, the patient complains of acid reflux and constipation. The patient is status post laryngeal / vocal cord cancer in 2013 and status post radiation therapy. "Extremities examination of tenderness and range of motion is deferred to the appropriate specialist." "A urine toxicology screen test was performed in today's visit." There were no other significant findings noted on this report. The utilization review denied the request on 09/17/2014. The requesting provider submitted treatment reports from 11/27/2013 to 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Tests: Qualitative Point of Care Test and Quantitative Lab Confirmations x 4:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Urine drug testing (UDT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug screen

**Decision rationale:** According to the 05/21/2014 report, this patient presents with acid reflux and constipation. The treater is requesting urine drug test: Qualitative Point of Care Test and Quantitative Lab Confirmations x 4. Regarding urine drug screens (UDS), MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users. ODG guidelines provide clearer recommendation. They recommend once yearly urine screen following an initial screening within the first 6 months for management of chronic opiate use in low-risk patients. Review of the report shows "A urine toxicology screen test was performed in today's visit." However, there were no discussions regarding the patient's adverse behavior with opiate use. The treater does not explain why another UDS is needed. There is no discussion regarding this patient's opiate use risk. Furthermore, ODG guidelines states "Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues, including variability in volumes of distribution (muscle density) and inter-individual and intra-individual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity." In this case, the request is for 4 UDS with quantitative lab. Without opiate use risk assessment, once yearly on a random basis is all that is recommended per ODG. ODG also does not support quantitative lab on all urine toxicology. This request is therefore not recommended as medically necessary or appropriate.