

Case Number:	CM13-0028870		
Date Assigned:	08/08/2014	Date of Injury:	09/18/2009
Decision Date:	09/11/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational Medicine 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 applicant is an employee of [REDACTED], who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of September 18, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple prior right and left knee surgeries; earlier shoulder surgery; lumbar interventional spine procedure; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 9, 2013, the claims administrator failed to approve a request for urine drug testing apparently performed on February 22, 2013. The applicant's attorney subsequently appealed. In a progress note dated September 23, 2013, the attending provider stated that the applicant had had previous urine drug testing on June 8, 2012 which showed an absence of prescribed medications, including reportedly prescribed hydrocodone. Despite the fact that the applicant was reportedly negative for hydrocodone, the attending provider nevertheless renewed the same and placed the applicant off of work, on total temporary disability, owing to primary complaints of low back pain. Also reviewed was a urine drug test report dated December 2, 2013 which included testing for approximately 20 different opioid metabolites, 15 different anticonvulsant metabolites, 20 different antidepressant metabolites, multiple antipsychotic metabolites, and various and sundry miscellaneous substances. The drug testing included quantitative opioid drug testing for numerous opioid metabolites, although the parent opioid compounds were negative. The drug test results were not interpreted by the attending provider. Also reviewed was drug testing of February 22, 2013. In this instance, the applicant tested positive for opioids, contrary to what was later reported by the attending provider. Despite the fact that the applicant was positive for opioid parent classes, the attending provider went on to perform quantitative testing and confirmatory testing, both for opioids as well as for numerous drug classes in which the applicant tested negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen between 2/22/2013 and 2/22/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids, screening tests for risk of addiction and misuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Urine Drug Testing topic Page(s): 43,.

Decision rationale: 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. As noted in ODG's chronic pain chapter urine drug testing topic, attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, state which drug tests and/or drug panels he intends to test for and why, and attempt to conform to the best practices of United States Department of Transportation (DOT) when performing drug testing. ODG also notes that confirmatory and/or quantitative testing is generally not recommended outside of the emergency department drug overdose context. In this case, however, the attending provider did, in fact, perform quantitative testing on several occasions, including on February 22, 2013, the date at issue. The attending provider did not furnish any rationale for confirmatory and/or quantitative testing, both in drug classes and drug categories when the applicant was negative for all items and in drug classes and drug categories when the applicant was positive, as with opioids. Therefore, this request is not medically necessary.