

Case Number:	CM13-0031967		
Date Assigned:	12/04/2013	Date of Injury:	12/01/2002
Decision Date:	01/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, chronic pain syndrome, headaches, neuropathic pain, and insomnia reportedly associated with an industrial injury of December 1, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 4, 2013, the claims administrator denied a request for a urine drug screen. The applicant's attorney later appealed, on October 2, 2013. A clinical progress note of September 30, 2013 is notable for comments that the applicant is off of work, on total temporary disability. She reports 5-9/10 low back pain and states the medications are helping. A urine drug screen is sought. Medrox was discontinued. Another topical compound is also discontinued. Capsaicin, Naprosyn, and Vicodin are endorsed.

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 8/20/13 and 10/29/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing

Controlled Substances (May 2009), pg 10, as well as the California Chronic Pain Medical Treatment Guidelines, May 2009 (Opiates, steps to a

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines Pain (Chronic)..

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters or a frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain chapter urine drug testing topic, attending provider should clearly state which drug tests and/or drug panels which he intends to test for and/or how the test results would influence the treatment plan. The attending provider should also furnish the applicant's medication list along with the request for authorization, ODG further notes. In this case, however, the attending provider did not attach the applicant's complete medication profile/medication list to the request for authorization, nor did he clearly state which drug tests and/or drug panels he intended to test for. Since several ODG criteria for pursuit of urine drug testing have not been met, the request remains non-certified, on independent medical review.