

Case Number:	CM13-0036931		
Date Assigned:	03/19/2014	Date of Injury:	11/07/1993
Decision Date:	04/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic shoulder pain, and headaches reportedly associated with an industrial injury of November 7, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; multiple shoulder surgeries; lumbar laminectomy procedure; attorney representation; blood pressure lowering medication; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 11, 2013, the claims administrator retrospectively not certified a drug test between the dates of September 2012 and September 2013. The claims administrator stated that the applicant had undergone numerous drug tests between 2012 and 2013. In a progress note of February 28, 2013, the applicant is described as off of work, on total temporary disability. A drug test of February 26, 2013 is reviewed. The attending provider did seemingly perform quantitative testing for opioids. The test in question was positive for opioids. Numerous other opioid metabolites, antidepressant metabolites, and benzodiazepine metabolites were also tested. In a progress note of September 18, 2012, the applicant is described as status post spinal cord stimulator implantation. The applicant was apparently using several topical compounds, including a flurbiprofen containing topical compound as well as gabapentin containing topical compound. The applicant was given a Toradol injection and asked to pursue acupuncture for chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 DRUG SCREENING TEST DOS: 9/23/12
BETWEEN 9/23/13: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not establish specific parameters for or identify a frequency with which to perform 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 he intends to test for, should attach an applicant's complete medication list to the request for testing, and should eschew confirmatory testing outside of the emergency department drug overdose context. In this case, however, the attending provider did in fact perform confirmatory testing, despite the unfavorable ODG recommendation. The attending provider also performed non-standard testing which did not conform to the best practice of the [REDACTED]. No clear rationale for the non-standard testing was provided. The attending provider did not provide any rationale for selection of the non-standard drug tests and drug panels. Therefore, the request remains non-certified, on Independent Medical Review.