MAXIMUS Federal Services

Case Number:	CM13-0043917		
Date Assigned:	01/03/2014	Date of Injury:	07/19/2000
Decision Date:	05/22/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 19, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; long and Final Determination Letter for IMR Case Number CM13-0043917 3 short-acting opioids; adjuvant medications; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 23, 2013, the claims administrator apparently denied a Urine Drug screen. The applicant's attorney subsequently appealed. A November 20, 2012 progress note was notable for comments that the applicant had been deemed "permanently disabled." The applicant was reportedly paraplegia. The applicant was on Neurontin, Oxycodone, Norco, Xanax, methadone, Valium, and Nystatin. On October 16, 2013, the attending provider apparently performed urine drug testing. The test included testing for approximately 10 different opioid metabolites, 10 different benzodiazepine metabolites, and numerous other metabolites. No rationale on progress note was attached. On September 9, 2013, the attending provider noted that the applicant's drug screen was positive for benzodiazepines, methadone, and opioids, but negative for amphetamines, barbiturates, and cocaine. The applicant's Creatinine was reportedly out of range. For that reason, the attending provider stated that he was performing confirmatory testing. The applicant's urine Creatinine was apparently measured at 19 with a normal reference range of greater than 20. The attending provider stated that he was measuring the applicant's Creatinine to determine the validity of the remainder of the test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINE DRUG SCREEN, ASSAY URINE CREATININE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The Expert Reviewer's 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 a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing Topic, point 16, urine Creatinine is an appropriate means of measuring the validity of a drug specimen. In this case, some question as to the validity of the specimen had been raised. Measuring the applicant's urine Creatinine to determine the validity of the sample was indicated and appropriate. Therefore, the original utilization review decision is overturned. The request for urine drug screen, assay urine Creatinine is medically necessary.