

Case Number:	CM13-0054129		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2011
Decision Date:	03/13/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 reportedly associated with an industrial injury of March 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a multimodality transcutaneous electrotherapy unit; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy. In a Utilization Review Report of November 11, 2013, the claims administrator denied a request for urine drug testing. The applicant's attorney subsequently appealed. An earlier clinical progress note of October 17, 2013 is sparse, difficult to follow, and notable for comments that the applicant responded favorably to a left-sided low back injection. The applicant exhibits tenderness about the lumbar paraspinal musculature, it is stated. Epidural steroid injection therapy and urine drug testing are sought along with chiropractic treatment and manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Criteria for use of Opioids Page(s): 43, 78.

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for urine drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, criteria for pursuit of urine drug testing include provision of an applicant's complete medication list along with the request for authorization of the testing, provision of the last date when the applicant underwent prior testing, and provision of a complete list of those drug tests and/or drug panels which the attending provider intends to test for. In this case, however, none of the aforementioned criteria were met. The attending provider's progress note was handwritten, sparse, not entirely legible, did not furnish the applicant's complete medication list, medication profile, a list of drug tests and/or drug panels which the attending provider intended to test for, etc. Since several ODG criteria for pursuit of urine drug testing have not been met, the request is not certified.