

Case Number:	CM13-0055085		
Date Assigned:	12/30/2013	Date of Injury:	08/04/2009
Decision Date:	05/27/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/20/2013

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 has filed a claim for chronic bilateral leg, low back, and knee pain reportedly associated with an industrial injury of August 4, 2009. Portions of the applicant's claims have been contested by the claims administrator, it is incidentally noted. Thus far, the applicant has been treated with the following: analgesic medications; adjuvant medications; psychotropic medications; topical patches; and extensive periods of time off of work. In a Utilization Review Report of November 6, 2013, the claims administrator approved request for laboratory testing, tramadol, and a basic urine drug screen while denying more convoluted drug screen, LidoPro cream, Terocin patches, and Protonix. The applicant's attorney subsequently appealed. The claims administrator did state that the applicant was off of work. A clinical progress note of November 26, 2013 is notable for comments that the applicant is now represented. The applicant is reportedly working full time as an office technician. She reports 8/10 pain about the knee and low back. Usage of tramadol decreases her pain to 6-7/10. The applicant is having difficulty sleeping, she states, again owing to pain. The applicant exhibits seemingly normal range of motion and is reportedly overweight. She has an element of depression. Terocin patches, LidoPro, and Protonix are sought. It is stated that Protonix is being employed to treat stomach upset associated with medication usage. The applicant's complete medication list is not detailed on this progress note. An earlier note of October 25, 2013 is notable for comments that the applicant has gained 30 pounds. In an earlier progress note of April 4, 2013, the applicant is reportedly using Effexor, for low back pain radiating to the legs and for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: While 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 urine drug testing. As noted in the Official Disability Guidelines (ODG), an attending provider should clearly state those drug tests and/or drug panels which he is testing for along with any request for authorization. The attending provider should also state when the last time the applicant was tested and/or state which drug tests and/or drug panels he is testing for. In this case, however, these criteria were not seemingly met. It was not clearly stated what drug test and/or drug panels the attending provider sought after nor was the applicant's entire medication list or medication profile detailed on any recent office visit provided. Therefore, the request remains non-certified, on Independent Medical Review.