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| Case Number: | CM13-0055620 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/28/2012 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 11/14/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

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 August 28, 2012. 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; opioid agents; unspecified amounts of physical therapy over the life of the claim; unspecified amounts of chiropractic manipulative therapy over the life of the claim, and reported return to regular work. In a Utilization Review Report of November 19, 2013, the claims administrator retrospectively denied a request for urine drug testing reportedly performed on September 30, 2013. The applicant's attorney subsequently appealed. On November 18, 2013, the applicant presented to the attending provider noting persistent low back pain. He is status post a recent epidural steroid injection. The applicant does weigh 210 pounds. He attributes his symptoms to an industrial motor vehicle accident. The applicant was asked to continue with Norco, tramadol, and ibuprofen. The applicant did undergo an epidural steroid injection at L5-S1 on October 8, 2013. On September 30, 2013, the applicant was described as using tramadol, Motrin, Naprosyn, and Nexium. He is drinking one alcohol a week. He reportedly denies marijuana usage and denied any substance abuse. Norco was prescribed. Epidural steroid injection therapy was apparently sought. It appears that urine drug testing was also performed on September 30, 2013, the results of which are not provided for review. The attending provider ordered unspecified "baseline" urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive drug screen (RETRO - 9/30/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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 page 43 of the MTUS Chronic Pain Medical Treatment Guideline does support intermittent urine drug testing in chronic pain population, the MTUS does not establish specific parameters for or frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he is testing for along with the request for authorization for testing. In this case, the attending provider did not clearly state which drug tests and/or drug panels he intended to test for on the September 30, 2013 office visit in question. The attending provider did not clearly state whether he was performing 'random' or 'for cause' urine drug testing. The attending provider did not state how the outcomes of urine drug testing influenced the treatment plan and/or whether the drug testing was consistent with prescribed medications. Several ODG criteria for pursuit of urine drug testing have not seemingly been met. Therefore, the request is not certified, on Independent Medical Review.