

Case Number:	CM13-0056131		
Date Assigned:	01/08/2014	Date of Injury:	12/22/2011
Decision Date:	04/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/07/2013

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 pain syndrome and chronic low back pain reportedly associated with an industrial injury of December 22, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, prior lumbar laminectomy surgeries in 1997 and 2002 and multiple short-acting opioids. The applicant's case and care have been complicated by comorbid diabetes. He has been given a diagnosis of failed back syndrome. In a utilization review report of October 2, 2013, the claims administrator denied a request for an in-office random 12-panel urine drug screen. The report was several pages long and seemed to be predicated on the fact that earlier urine drug testing had been performed in May 2013. The applicant's attorney subsequently appealed. In an October 4, 2013, progress note, the applicant was given a refill of Percocet. The attending provider stated that the September 4, 2013 urine drug screen was the second drug screen of 2013 and did in fact conform to ACOEM Guidelines. A rather proscriptive 10-pound lifting limitation was endorsed, although it was not clearly stated that the applicant was in fact working. On December 9, 2013, the attending provider did again order urine drug testing. The applicant was described as using Restoril, insulin, Percocet, and medical marijuana on this date. The actual drug test of September 4, 2013 is reviewed. The drug testing does not conform to any standard battery of test and appears to test for multiple different opioid metabolites, 10 different benzodiazepine metabolites, seven different barbiturate metabolites, and over 20 antidepressant metabolites. It is noted that the attending provider did perform quantitative testing. Quantitative scores on the amounts of Oxycodone, Oxymorphone, Noroxycodone, and Noroxymorphone were provided, for instance.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN OFFICE RANDOM 12 PANEL URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing 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 Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a specific frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, however, an attending provider should attempt to conform to the best practices of the Department of Transportation (DOT) when performing and/or ordering drug testing. In this case, however, the attending provider ordered quantitative drug testing which, per ODG, is not recommended outside of the emergency department drug overdose context. The attending provider also tested for over 100 to 150 different metabolites of various substances. This does not conform to the best practices of the Department of Transportation (DOT). Since the test in question was non-standard, the request is therefore not certified.