

Case Number:	CM13-0059949		
Date Assigned:	12/30/2013	Date of Injury:	03/08/1995
Decision Date:	04/09/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 8, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior lumbar laminectomy surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 15, 2013, the claims administrator denied a request for quarterly drug testing. The applicant's attorney subsequently appealed. An earlier drug test collected on June 20, 2012 is notable for the fact that the attending provider tested for nine different opioid metabolites, six different benzodiazepine metabolites, six different barbiturate metabolites, multiple phenothiazine metabolites, and multiple antidepressant metabolites. Confirmatory testing was performed. An earlier clinical progress note of December 10, 2013 is notable for comments that the applicant should continue Norco, Restoril, and Soma for pain relief while pursuing additional physical therapy. The applicant does have a history of coronary artery disease status post stenting. The applicant was given a 50% whole-person impairment rating on August 28, 2013 apparently owing to issues related to erectile dysfunction. On October 30, 2013, the attending provider proposed to perform routine urine toxicology screenings quarterly. The applicant was given a prescription for Soma on that date. The applicant's complete medication profile, however, was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROUTINE URINE TOXICOLOGY SCREEN AS BASELINE AND UP TO 4 TIMES A YEAR OR EVERY 90 DAYS TO MONITOR PAIN MEDICATION COMPLIANCE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 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 frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state which drug test and/or drug panels he intends to test for along with the request for authorization for drug testing. In this case, however, the October 30, 2013 progress note in question did not detail the applicant's complete medication list or medication profile. It is further noted that earlier drug testing appears to have included confirmatory testing which, per ODG, is not recommended outside of the Emergency Department drug overdose context. Several ODG criteria for pursuit of drug testing have not seemingly been met. Therefore, the request is not certified, on Independent Medical Review.