

Case Number:	CM13-0062752		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2002
Decision Date:	04/15/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	12/08/2013

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 mid and low back pain with superimposed fibromyalgia reportedly associated with an industrial injury of February 27, 2002. 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; an epidural steroid injection; and psychotropic medications. In a utilization review report of August 28, 2013, the claims administrator approved a diagnostic facet block, approved a follow-up office visit, and denied a urine drug screen. The applicant's attorney subsequently appealed. A clinical progress note of October 29, 2013 is notable for comments that the applicant reports ongoing low back pain. The applicant is trying to concurrently pursue both epidural and facet joint injections. The applicant is having ongoing issues with depression. The applicant is apparently contesting the claims administrator's denial of Wellbutrin, which is apparently being furnished for the applicant's mental health issues. The applicant is apparently off of work. Diagnostic facet joint blocks are being sought. The denial of Wellbutrin is appealed. The applicant is apparently using a variety of medical and mental health medications, including Abilify, Zithromax, Bactroban, Wellbutrin, Celebrex, Keflex, Biaxin, Cymbalta, Neurontin, Prilosec, Bactrim, Toprol, Desyrel, and Tylenol. It is not clear how recently the applicant's medication list was updated. Unspecified medications are refilled. On September 10, 2013, the applicant presented for a pain management reevaluation and was described at that point as using Celebrex, Neurontin, Prilosec, Cymbalta, and Wellbutrin. Urine drug screening and facet joint injection therapy were sought at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE URINE DRUGS SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter

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

Decision rationale: While the 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 ODG, an attending provider should clearly state which drug tests and/or drug panels he intends to test for along with the request for authorization for testing. In this case, however, the attending provider did not clearly state which drug tests and/or drug panels he intended to test for along with the request for authorization for testing, nor did he state when the applicant was last tested. The request for a urine drug screen is not medically necessary or appropriate.