

Case Number:	CM13-0063677		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2005
Decision Date:	05/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/10/2013

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:

Thus far, the applicant has been treated with following: Analgesic medications; adjuvant medications; muscle relaxants; psychotropic medications; a lumbar fusion surgery in February 2008; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of November 1, 2013, the claims administrator partially certified Duragesic for weaning purposes and partially certified a request for an unspecified urine drug screen as a basic sevenpanel drug screen. The applicant's attorney subsequently appealed. A clinical progress note of December 9, 2013 is notable for comments that the applicant has previously been declared permanent and stationary. A spinal cord stimulator was denied. The applicant is off of work and last worked in February 2008. The applicant states that he has been made more functional as a result of Cymbalta usage. He reports persistent 6/10 pain. The applicant states his pain is made worse by activities such as walking, standing, and/or lying down too long. In the past medical history section of the report, it is stated that the applicant is using morphine and Cymbalta. It is stated that morphine will be trialed on the grounds that Duragesic has been denied through Utilization Review and Independent Medical Review, although the applicant did tolerate Duragesic better in the past. Cymbalta is renewed. The applicant is living in Mexico with his parents owing to affordability issues. A urine drug screen is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

A URINE DRUG SCREEN (UDS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 43 of 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 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 and provide the applicant's complete medication list along with the request for authorization for testing. In this case, the attending provider has not clearly stated which medications the applicant is in fact using, nor has the attending provider stated which drug test and/or drug panel he intends to test for. Finally, the attending provider has not stated when the last time the applicant was tested. Several ODG criteria for pursuit of drug testing have not seemingly been met. Therefore, the request is not certified, on Independent Medical Review.