MAXIMUS Federal Services

Case Number:	CM14-0001386		
Date Assigned:	01/22/2014	Date of Injury:	10/17/2011
Decision Date:	03/25/2014	UR Denial Date:	12/22/2013
Priority:	Standard	Application Received:	01/03/2014

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 October 17, 2011. Thus far, the applicant has been treated with analgesic medications, MR imaging of October 2012, notable for multilevel degenerative changes of uncertain clinical significance, epidural steroid injection therapy, and extensive periods of time off work. In a utilization review report of December 12, 2013, the claims administrator retrospectively denied a request for urine drug testing, stating that the attending provider did not discuss utilization review testing on the date on which the testing was performed, August 2, 2013. A subsequent note of September 5, 2013 is notable for comments that the applicant is using Norco and TENS unit. His pain is heightened. He is off work, on total temporary disability. He is apparently using both Medrol Dosepak and Norco. It is noted, however, the applicant's complete medication list was not furnished on this visit. An earlier note of August 2, 2013 is also notable for comments that the applicant is using Norco. He was given 180 tablets of Norco a month. Work restrictions were endorsed, which are apparently not being accommodated. Lumbar spine surgery is apparently being considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-urine drug screen: Upheld

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

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

Decision rationale: While page 43 of 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 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 those drug tests and/or drug panel which he is testing for along with any request for authorization for testing. The attending provider should also document the applicant's complete medication list along with the request for testing and state when the last time the applicant was previously tested. In this case, these criteria were not met. The attending provider did not clearly states why drug testing was being sought, whether it is being sought for "cause" or randomly. No list of those drug test and/or drug panels which the attending provider was testing for was attached to the request for authorization for testing or to the applicants for an Independent Medical Review. Although it was stated that the applicant was using Norco, the complete medication list was not provided. Since several ODG criteria for pursuit of urine drug testing have not seemingly been met, the request is not certified, on independent medical review.