MAXIMUS Federal Services

Case Number:	CM14-0105456		
Date Assigned:	07/30/2014	Date of Injury:	06/10/2011
Decision Date:	10/02/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 low back pain reportedly associated with an industrial injury of June 10, 2011. Thus far, the applicant has been treated analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; acupuncture; and epidural steroid injection therapy. In a Utilization Review Report dated June 16, 2014, the claims administrator partially certified a request for 10 follow-up visits with a pain management specialist to four follow-up visits with a pain management specialist, partially certified a request for quarterly drug screening as one set of drug screening, and denied a request for quarterly alcohol testing. The claims administrator invoked Non-MTUS Official Disability Guidelines to partially certify the pain management request. The applicant's attorney subsequently appealed. In a December 5, 2013 progress note, the applicant reported persistent complaints of low back pain and hip pain, ranging from 3-9/10, status post hip trochanteric bursa injection and an epidural injection. The applicant was continuing to smoke, it was acknowledged. Naprelan was endorsed for pain relief. On June 4, 2014, the applicant underwent drug testing. Despite the fact that the applicant was negative for any of the parent drug classes, the attending provider went on to perform both confirmatory and quantitative testing. The applicant was positive for various opioid metabolites. Approximately seven different benzodiazepines metabolites and 15 different opioid metabolites were tested for. In a progress note dated June 4, 2014, the applicant was described as working full time, regular duty. The applicant stated that home exercise and yoga had been beneficial, as had her medications. Norco, Naprelan, and home exercises were endorsed. The applicant has apparently returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly follow up evaluation with a pain management specialist (lumbar) x10: 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), Low Back Procedure Summary last updated 03/18/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, the frequency of follow-up visit should be dictated by an applicant's work status. In this case, the applicant has returned to and is maintaining regular duty work status. Less frequent follow-up visits are likely more appropriate than the monthly follow-up visits sought by the attending provider. Therefore, the request is not medically necessary.

Urine drug screen quarterly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Procedure Summary last updated 04/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine Drug Testing Page(s): 43.

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 drug testing. As noted in the Official Disability Guidelines Chronic Pain Chapter Urine Drug Testing topic, attending provider should clearly state which drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, attach an applicant's complete medication list to the request for authorization for testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider did perform confirmatory and quantitative testing, despite the fact that the applicant was negative for many of the apparent compounds at issue. The attending provider did not state when the applicant was last tested. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The testing for multiple different opioid, benzodiazepines, and antidepressant metabolites did not conform to the best practices of the DOT. For all the stated reasons, the request is not medically necessary.

Alcohol testing quarterly: 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): Pain Procedure Summary last updated 04/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine Drug Testing Page(s): 43,.

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 drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, however, quantitative and/or confirmatory testing should not be performed outside of the emergency department drug overdose context. In this case, however, the attending provider did perform quantitative and confirmatory testing on numerous different agents and metabolites, despite the fact that the applicant was, in most cases, negative for all of these agents and/or metabolites on initial screening. It is further noted that Official Disability Guidelines suggest that an attending provider stratify an applicant into higher-risk or lower-risk categories for which more or less frequent testing would be indicated. The testing previously performed here did not conform to Official Disability Guidelines parameters. Quantitative and confirmatory testing was performed, despite the fact that the applicant was negative for many of the items on the panel. The attending provider did not state when the applicant was last tested. Therefore, the request is not medically necessary.