

Case Number:	CM14-0011253		
Date Assigned:	02/21/2014	Date of Injury:	07/24/2003
Decision Date:	08/07/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/28/2014

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 injured worker has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of July 24, 2003. In a progress note dated December 9, 2013, the applicant presented with multifocal neck, low back, wrist, ankle, and hand complaints, collectively rated at 9/10. The applicant was obese, with a BMI of 34. The applicant was placed off of work, on total temporary disability. It was stated that the applicant was a candidate for a functional restoration program. The attending provider stated that he will keep the applicant off of work until the applicant was furnished with an ergonomically friendly work station. On November 5, 2013, the applicant was described as having persistent multifocal pain complaints, principally about the knee and low back. The applicant was using Norco six times daily, it was stated. The applicant apparently underwent urine drug testing on November 5, 2013. A variety of drug tests were performed. Quantitative drug testing was performed for a variety of opioid metabolites, including hydrocodone, codeine, morphine, Hydromorphone, and Norhydrocodone. A variety of other confirmatory and quantitative drug testing was performed on a variety of drug metabolites, including multiple benzodiazepine metabolites. It also is noted that the applicant had an earlier drug testing on September 4, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Panel Drug test, #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While on page 43 of the California MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not specific parameters for identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, however, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, state when the last time an applicant was tested, and attach an applicant's complete medication list to the request for authorization for testing. The ODG also suggests that an attending provider attempt to conform to the best practices of the United States Department of Transportation as representing the most legally defensible means of performing testing. In this case, however, none of the aforementioned criteria were seemingly met. The attending provider did not state when the last time the applicant was tested. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not clearly state what drugs he was testing for. While the ODG generally advises against performing confirmatory drug testing and/or quantitative drug testing, the attending provider apparently performed both, again without any compelling rationale for the same. Therefore, the request for the Panel Drug Test, #12 was not medically necessary.