

Case Number:	CM14-0112830		
Date Assigned:	08/01/2014	Date of Injury:	08/14/2012
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/20/2014

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 neck pain reportedly associated with an industrial injury of August 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; an anti-inflammatory medication; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; and intermittent drug testing. In a Utilization Review Report dated July 17, 2014, the claims administrator denied a request for urine toxicology screen while approving a request for naproxen. The applicant's attorney subsequently appealed. In a July 2, 2014 progress note, the applicant was described as having persistent complaints of low back pain, 3-8/10. Naproxen and Flexeril were reportedly diminishing the applicant's pain complaints. The applicant had completed physical therapy and was apparently receiving massage therapy and manipulative therapy. The applicant was not working, however, it was acknowledged. Additional chiropractic treatment and a urine toxicology screen were sought. A rather proscriptive 10-pound lifting limitation was endorsed, which the applicant's employer was apparently unable to accommodate. It was not stated what drug tests and/or drug panels were being sought. It was not stated when the applicant was last tested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug testing (UDT).

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 page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, and attending provider should clearly state when an applicant was last tested, attach the applicant's complete medication list to the request or authorization for testing, and clearly state which drug tests and/or drug panels he intends to test for. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not state what drug tests and/or drug panels he intended to test for. The attending provider did not attach the applicant's complete medication list to the list for authorization for testing. For all of the stated reasons, then, the request is not medically necessary.