

Case Number:	CM14-0114580		
Date Assigned:	08/04/2014	Date of Injury:	11/18/2003
Decision Date:	10/03/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 November 18, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; muscle relaxants; and unspecified amounts of physical therapy over the life of the claim. In a utilization review report dated June 25, 2014, the claims administrator partially certified a request for urine drug testing already performed on March 27, 2014, as a 10-panel random urine drug screen, to include qualitative testing only and confirmatory laboratory testing performed only on inconsistent results. A prolonged review of a laboratory report was denied. The applicant's attorney subsequently appealed. In an April 8, 2014, prolonged review of laboratory report letter, the applicant was described as having undergone drug testing on March 27, 2014. The applicant was reportedly prescribed Soma, Norco, Ambien, and Paxil, it was stated. The testing came back positive for various opioid metabolites, including oxycodone or hydromorphone. It was stated that a "quantifiable drug confirmation" was completed on all the compounds at issue. In a July 27, 2013, progress note, handwritten, difficult to follow, not entirely legible, the applicant was described as presenting with ongoing complaints of low back pain. The applicant was described as permanent and stationary. The applicant did not appear to be working with permanent limitations in place. The actual urine drug testing of March 27, 2014, was reviewed and was positive for opioids. Despite the fact that the applicant was positive for opioids, the attending provider went on to perform testing for multiple different opioid metabolites. The attending provider stated that confirmatory testing was performed on "all drugs, including barbiturates, carisoprodol, and THC."

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test, performed on March 27, 2014: Upheld

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

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

Decision rationale: While the 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 ODG's Chronic Pain Chapter, Urine Drug Testing Topic, confirmatory and/or quantitative testing are typically not recommended outside of the emergency department drug overdose context. ODG also recommends adhering to the best practices of United States Department of Transportation (DOT) when performing drug testing. In this case, however, the attending provider went onto perform quantitative and confirmatory testing of numerous opioid, benzodiazepine, and antidepressant metabolites, despite the fact that the applicant was negative for the parent compounds in question in most cases. The attending provider's testing for numerous opioid, benzodiazepine, and antidepressant metabolites, moreover, did not conform to the best practices of the United States Department of Transportation. Since several ODG criteria for pursuit of drug testing were not met, the request for a urine drug test, performed on March 27, 2014, was not medically necessary or appropriate.