

Case Number:	CM14-0152102		
Date Assigned:	09/22/2014	Date of Injury:	03/30/2011
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/18/2014

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 March 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated September 12, 2014, the claims administrator retrospectively denied a request for a urine drug screen apparently performed on June 23, 2013. The applicant's attorney subsequently appealed. A drug testing of February 20, 2014, was reviewed and contained a variety of nonstandard drug testing, including testing for 10 different opioid metabolites, 10 different benzodiazepine metabolites, and 7 different antidepressant metabolites. It was noted that GC/MS confirmation testing was performed on "all drugs, excluding barbiturates, carisoprodol, and THC." In an April 9, 2014, progress note, the applicant was given refills of Lyrica, tramadol, and Voltaren Gel for ongoing complaints of chronic low back pain. Medial branch blocks were sought. The applicant's work status was not provided. In a May 1, 2014, progress note, it was stated that the applicant had ongoing complaints of knee and low back pain, 8/10, and that the applicant had retired from her former employment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for custom profile Urine Drug Screen for (DOS 6/23/13).: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines 2. 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 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, an attending provider should clearly state which drug tests and/or drug panels he intends to test for and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. ODG further notes that confirmatory and/or quantitative testing is not recommended outside of the emergency department drug overdose context. In this case, the attending provider did perform nonstandard testing of numerous opioids, benzodiazepine and antidepressant metabolites, which did not conform to the best practices of the United States Department of Transportation (DOT). The attending provider also performed confirmatory and/or quantitative testing, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.