

Case Number:	CM14-0156492		
Date Assigned:	09/26/2014	Date of Injury:	02/04/2008
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/24/2014

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 and depression reportedly associated with an industrial injury of February 4, 2008. Thus far, the applicant has been treated with analgesic medications; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a September 22, 2014 Utilization Review Report, the claims administrator retrospectively approved Methadone and a follow-up visit while denying quantitative urine drug screen reportedly performed on September 2, 2014. The applicant's attorney subsequently appealed. In a progress note dated September 2, 2014, the applicant reported persistent complaints of low back and neck pain, 4-6/10. The applicant had reportedly received approval for functional restoration program, completed one week of the same, and then dropped out. The applicant was reportedly performing home exercises and stated that he was considering ceasing opioid therapy abruptly. The applicant was depressed. The applicant was still smoking. The applicant received a refill of Methadone. Drug testing was sought. The attending provider stated that the drug testing would include confirmatory testing plus quantitative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Quantitative UDS (lateral flow chromatographic immunoassay with for urine drug panel confirmation testing) (DOS 9/2/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation www.dot.gov/odapc/part40

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

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. Official Disability Guidelines Chronic Pain Chapter, Urine Drug Testing topic, however, notes that an attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider did not state what drug tests and/or drug panels were being sought. The attending provider did indicate that he was performing confirmatory and/or quantitative testing, despite the unfavorable Official Disability Guidelines position. The attending provider did not state what drug tests and/or drug panels he was testing for, nor did the attending provider state when the applicant was last tested. Since several Official Disability Guidelines criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.