

Case Number:	CM14-0160471		
Date Assigned:	10/06/2014	Date of Injury:	09/03/2009
Decision Date:	11/25/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/30/2014

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 mid back, low back, and neck pain reportedly associated with an industrial injury of September 3, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; epidural steroid injection therapy; and earlier lumbar fusion surgery. In a Utilization Review Report dated August 22, 2014, the claims administrator retrospectively denied a urine drug screen performed on May 15, 2014. The applicant's attorney subsequently appealed. In a progress note dated August 21, 2014, the applicant reported persistent complaints of low back and neck pain. The applicant had completed recent acupuncture and had apparently obtained a spinal cord stimulator. The applicant was asked to continue Celebrex, Norco, Nucynta, and Flexeril. The applicant was placed off of work, on total temporary disability. The applicant was again placed off of work, on total temporary disability, via a June 26, 2014 progress note. The urine drug testing of May 15, 2014 was reviewed and did include confirmatory and quantitative testing for various opioid metabolites, including norhydrocodone and hydromorphone. Multiple different opioid and benzodiazepine metabolites were tested for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen DOS: 5/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend 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, the attending provider should clearly state when an applicant was last tested along with his request for authorization for testing, attach an applicant's complete medication list to the request for authorization for testing, and/or clearly state what drug testings and/or drug panels are being tested for and why. An attending provider should, furthermore, attempt to conform to the best practices of the [REDACTED], ODG notes. ODG does not, furthermore, typically recommend confirmatory and/or quantitative testing outside of the emergency department drug overdose context, it is further noted. In this case, the drug testing performed did represent non-standard drug testing which included testing for multiple different opioid and benzodiazepine metabolites. Confirmatory and quantitative testings were performed in several instances, 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.