

Case Number:	CM14-0168689		
Date Assigned:	10/16/2014	Date of Injury:	07/02/2013
Decision Date:	11/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/13/2014

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 July 2, 2013. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; trigger point injections; and extensive periods of time off of work. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for 42 units of quantitative drug testing/quantitative chromatography. The applicant's attorney subsequently appealed. In a March 5, 2014 progress note, the applicant reported 6/10 low back pain. The applicant received multiple trigger point injections for reported myofascial pain syndrome. Somewhat incongruously, the applicant was again given a diagnosis of radiculopathy. The applicant was using a cane to move about. Epidural steroid injection therapy, Percocet, and tramadol were renewed. The applicant was kept off of work, on total temporary disability, for an additional eight weeks. On May 15, 2014, the applicant did undergo urine drug testing. The drug testing in question did include nonstandard testing of multiple different opioid and barbiturate metabolites. Confirmatory and quantitative testing were performed in several instances. On June 11, 2014, the applicant was asked to pursue aquatic therapy and remain off of work, on total temporary disability, for six weeks. Tramadol, Flexeril, and Percocet were endorsed. On September 3, 2014, urine drug testing was sought. Work restrictions were endorsed, which the attending provider acknowledged the applicant's employer was unable to accommodate, resulting in the applicant's remaining off of work, on total temporary disability. Tramadol, Flexeril, Percocet, and Motrin were again prescribed. Drug testing of September 3, 2014 was reviewed and did include testing for multiple different opioid, benzodiazepine, barbiturate, and antidepressant metabolites. Confirmatory and quantitative testing were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, quantitative 42 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 07/10/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic, Urine Drug Testing. Page(s): 43.

Decision rationale: While page 43 of the Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the California MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in O Official Disability Guidelines (ODG's) Chronic Pain Chapter Urine Drug Testing topic, 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 drug 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 attach the applicant's complete medication list to the request for authorization for testing. Confirmatory and/or quantitative testing were performed in the clinic setting, despite the unfavorable ODG position on the same. The attending provider did not clearly identify which drug tests and/or drug panels he was testing for. Nonstandard drug testing of multiple different opioid, barbiturate, and antidepressant metabolites was performed. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.