

Case Number:	CM14-0169279		
Date Assigned:	10/17/2014	Date of Injury:	10/24/2013
Decision Date:	11/24/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 reportedly associated with an industrial injury of October 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; opioid therapy; epidural steroid injection therapy; lumbar hemilaminectomy-foraminotomy-laminectomy-decompression procedure on September 4, 2014; and extensive periods of time off of work. In a Utilization Review Report dated September 18, 2014, the claims administrator failed to approve a request for urine drug screen. The applicant's attorney subsequently appealed. Urine drug testing of August 20, 2014 was reviewed and did include a positive testing for several different opioid metabolites, including hydrocodone, hydromorphone, dihydrocodeine, and norhydrocodone. Confirmatory and quantitative testing were performed. Multiple other benzodiazepine metabolites were tested for. Quantitative testing was also performed for Tylenol. In an August 20, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the right leg. It was acknowledged that the applicant was not working and had not worked in approximately a year. The applicant was using Naprosyn and Norco. The applicant apparently was in the process of pursuing lumbar spine surgery, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing 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 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 along with the request for authorization for testing, should attach an applicant's complete medication list to the authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) performing drug testing, state when an applicant was last tested, and eschew confirmatory/quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider did not clearly state when the applicant was last tested prior to August 20, 2014. The attending provider did go on to perform confirmatory and quantitative testing on several different opioid and non-opioid metabolites, despite the unfavorable ODG position on the same. Non-standard testing was performed, which included testing for several different opioid and Benzodiazepine metabolites. Such testing does not conform to the best practices of the United States Department of Transportation (DOT). Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.