

Case Number:	CM14-0171158		
Date Assigned:	10/23/2014	Date of Injury:	07/22/1985
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 and knee pain reportedly associated with an industrial injury of July 22, 1985. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee ACL (anterior cruciate ligament) reconstruction surgery; earlier lumbar laminectomy surgery; opioid therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 3, 2014, the claims administrator denied a request for a urine drug screen. The applicant's attorney subsequently appealed. In a September 10, 2014 progress note, the applicant reported ongoing complaints of low back and knee pain, 8/10. The applicant was apparently consuming heightened amounts of medications. A urine drug screen, Norco, Ambien, Zanaflex, Prilosec, Menthoderm gel, and oral Voltaren were prescribed. Permanent work restrictions were renewed. Drug testing of September 10, 2014 was performed and did seemingly include testing for confirmatory and quantitative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

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 support intermittent drug testing in the chronic pain context, 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 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, confirmatory and quantitative testing was performed, despite the unfavorable ODG position on the same. The attending provider did not clearly outline when the applicant was last tested. The attending provider did not provide a rationale for selection of particular drug tests and/or drug panels. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.