

Case Number:	CM14-0174417		
Date Assigned:	10/27/2014	Date of Injury:	01/16/2009
Decision Date:	12/04/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of January 16, 2009. A utilization review determination dated October 10, 2014 recommends noncertification of urinalysis and comprehensive molecular diagnostic testing. A progress report dated September 11, 2014 identifies subjective complaints of low back pain. The patient is requesting medication refills and trigger point injections. Physical examination findings revealed difficulty with walking, tenderness in the lumbar spine, and restricted lumbar range of motion. Diagnoses include status post lumbar fusion, cervical sprain, left shoulder impingement, lumbar facet disease, and status post removal of posterior lumbar instrumentation. The treatment plan recommends a urine drug screen to "monitor medication usage and compliance." The patient is prescribed Neurontin and Anaprox. An appeal letter dated July 22, 2014 request a urine drug screen to allow monitoring of adherence to prescription drug treatment regimens including controlled substances the diagnosis of misuse and addiction to opioids. A urine drug screen performed on August 12, 2012 is negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (UA): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation that the patient is currently utilizing drugs of potential abuse, the date and results of prior testing, and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

Comprehensive Molecular Diagnostic Testing at next office visit: 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, Genetic testing for potential opioid abuse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse

Decision rationale: Regarding a request for Comprehensive Molecular Diagnostic Testing, California MTUS and ACOEM do not contain criteria for this request. ODG states that cytokine DNA testing is not recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. As such, the currently requested Comprehensive Molecular Diagnostic Testing is not medically necessary.