

Case Number:	CM14-0179712		
Date Assigned:	11/04/2014	Date of Injury:	04/18/2013
Decision Date:	12/12/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/29/2014

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 neck, mid back, and low back pain reportedly associated with an industrial injury of April 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and earlier lumbar laminectomy. In a Utilization Review Report dated October 13, 2014, the claims administrator denied a request for urine drug testing/urine toxicology. The applicant's attorney subsequently appealed. In a handwritten progress note, not clearly dated, appears to be dated April 7, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of low back, neck, and mid back pain. The note was very difficult to follow. Physical therapy, acupuncture, functional capacity testing, and multiple topical compounds were prescribed. Home exercise unit, hot and cold pack, lumbar MRI imaging, and urine toxicology testing were apparently performed. Urine drug testing of May 19, 2014 was noted and did apparently include both confirmatory and quantitative testing. Multiple opioids, benzodiazepines, and antidepressant metabolites were tested for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, www.odg-twc.com: Pain Chapter, (Chronic), (Updated 09/30/2014), Urine drug testing.

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 not establish specific parameters for or identify parameters with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, 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 overdose context. Here, however, the attending provider did, in fact, perform confirmatory/quantitative testing, despite the unfavorable ODG position on the same. The attending provider did not indicate when the applicant was last tested. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not state why nonstandard drug testing which included testing for multiple different opioid, benzodiazepine, and barbiturate metabolites was being performed when 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.