

Case Number:	CM14-0179801		
Date Assigned:	11/04/2014	Date of Injury:	05/15/1991
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
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 low back pain reportedly associated with an industrial injury of May 15, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids, earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 8, 2014, the claims administrator partially approved a request for six random urine drug screens over a span of one year as one (1) random urine drug screen over the same span. OxyContin was conditionally denied. The applicant's attorney subsequently appealed. In an October 3, 2014 progress note, the applicant reported 7/10 low back pain radiating into the bilateral lower extremities. The applicant stated that he was afraid of reducing his OxyContin too rapidly. The applicant's medication list included OxyContin, Lyrica, Valium, Lexapro, MiraLax, and Ambien. The applicant was given a primary diagnosis of failed back syndrome. OxyContin was renewed. The applicant was asked to pursue epidural steroid injection therapy. The attending provider sought authorization for four to six urine drug screens over a span of one year. It was not stated what drug tests and/or drug panels were being tested for, however. In a September 11, 2014, the applicant again reported ongoing complaints of low back pain radiating into the bilateral lower extremities, 6/10. The applicant was using OxyContin, Lyrica, Valium, Lexapro, MiraLax, and Ambien, it was acknowledged. The applicant was again given a primary diagnosis of failed back syndrome. OxyContin was renewed. Authorization was sought for four to six random drug screens, apparently over a span of one year. Work restrictions were renewed, although it did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Random Urine Drug Screens: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of 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

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, the 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 stratify an applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated, and 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 drug testing outside of the Emergency Department Drug Overdose context. Here, however, the attending provider did not explicitly state (or implicitly suggest) whether the applicant was a higher-risk individual who would require six urine drug screens over a span of one year. The attending provider did not, furthermore, state when the applicant was last tested, nor did the attending provider state what drug tests and/or drug panels were being tested for here. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request is not medically necessary.