

Case Number:	CM14-0020833		
Date Assigned:	04/30/2014	Date of Injury:	08/31/2011
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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, sacroiliac joint pain, and myofascial pain syndrome reportedly associated with an industrial injury of August 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; sacroiliac joint injection therapy; transfer of care to and from various providers in various specialties; muscle relaxants; and long-acting opioids. Drug test results dated January 8, 2014 were reviewed. The attending provider tested for approximately seven different barbiturate metabolites, seven different benzodiazepine metabolites, 10 different phenothiazine metabolites, seven different opioid metabolites, and 10 different antidepressant metabolites. The drug test was negative for all panels tested. In a progress note dated January 6, 2014, the claimant was described as having reached maximum medical improvement. The claimant was described as permanent and stationary. The applicant was given a provision for future medical care to include a lumbar fusion surgery at a later point in time. The applicant was performing regular duty work in the interim, it was stated. In addition to the more elaborate drug testing, the applicant also underwent point-of-care drug testing on January 6, 2014, which was negative for 12 classes of drugs, amphetamines, barbiturates, benzodiazepines, cocaine, ecstasy, marijuana, methadone, methamphetamines, opioids, oxycodone, PCP, and tricyclic antidepressants. A survey of the file revealed that the applicant last underwent drug testing some three months prior, on October 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TOXICOLOGY-12 PANEL QUALITATIVE URINE DRUG SCREEN DOS:1/6/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Drug Testing.

Decision rationale: As noted on page 43 of the MTUS Chronic Pain Medical Treatment Guidelines, intermittent drug testing is appropriate in the chronic pain population. In this case, the drug test at hand does represent a conventional 12-panel qualitative drug test. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should attempt to conform to the best practices of the Department of Transportation when performing or requesting drug testing. In this case, the 12-panel qualitative test did conform to DOT parameters. The 12-panel qualitative test did conform to the ODG Guideline to eschew quantitative testing. While the attending provider later performed quantitative testing on other occasions, including two days later, on January 8, 2014, this particular request for qualitative testing on January 6, 2014 was indicated, appropriate, and conformed both to the criteria set forth on page 43 of the MTUS Chronic Pain Medical Treatment Guidelines for drug testing as well as to the criteria set forth in the ODG Chronic Pain Chapter Urine Drug Testing topic for performance of drug testing in the chronic pain context. Therefore, the request retrospective request for toxicology 12-panel qualitative urine drug screen (DOS: 1/6/2014) is medically necessary and appropriate.