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| Case Number: | CM14-0033607 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 12/20/2009 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 December 20, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representation; trigger point injection therapy; transfer of care to and from various providers in various specialties, adjuvant medications, epidural steroid injection therapy and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 6, 2014, the claims administrator denied a request for a urine drug screen. The claims administrator cited MTUS Guidelines but did not incorporate the same into its rationale. The applicant's attorney subsequently appealed. In a progress note dated December 13, 2013, the applicant apparently underwent drug testing, the attending provider noted, which was reportedly negative. The applicant was using Naprosyn, Dendracin, and Omeprazole, at that point in time. It was not clearly stated when the last time the applicant was tested and/or what drug tests and/or drug panels were being tested for. The attending provider did state, however, that the drug panel was reportedly negative.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 California MTUS Chronic Pain Medical Treatment Guidelines does report intermittent drug testing in the chronic pain population, the California MTUS does not establish specific parameters for or a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, it is incumbent upon the attending provider to clearly state when an applicant was tested prior to seeking authorization for testing. Attending provider should also state what drug tests and/or drug panels are being tested for and, furthermore, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. In this case, however, the attending provider did not clearly report the results of the testing in question. The attending provider did not clearly state which drug tests and/or drug panel are being tested for here. Finally, the attending provider did not state when the last time the applicant was tested. Therefore, the request was not medically necessary.