

Case Number:	CM14-0041916		
Date Assigned:	06/30/2014	Date of Injury:	06/14/2013
Decision Date:	08/15/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 14, 2013. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of acupuncture; topical compounded drugs; and extensive periods of time off of work. In a Utilization Review Report dated March 24, 2014, the claims administrator denied a request for a urine drug screen performed on December 9, 2013, a request to handle and convey the specimen and prolonged evaluation and management service. The injured worker's attorney subsequently appealed. On September 16, 2013, the injured worker was placed off of work, on total temporary disability. The injured worker was described as a former caregiver. The injured worker was issued several topical compounds, dietary supplements, and medical foods and was placed off of work. Acupuncture and physical therapy were sought. The injured worker's complete medication list was not provided. On January 23, 2014, the injured worker was again placed off of work, on total temporary disability. On December 9, 2013, the attending provider did order urine drug testing. The injured worker had a false positive for benzodiazepines. The drug testing performed did not adhere to standard protocols and did include confirmatory testing for multiple opioids, benzodiazepine and antidepressant metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 MTUS Chronic Pain Medical Treatment Guidelines do recommend intermittent drug testing in the chronic pain population, they do not establish specific parameters for, or frequency with which to perform drug testing. As noted in the ODG, the attending provider should clearly state which drug tests and/or drug panels he intends to test for, state when the last time an injured worker was tested, and attach an injured worker's complete medication list to the request for authorization for testing. An attending provider should also attempt to conform to the best practices of the United States Department of Transportation (DOT) representing the most legally defensible means of performing drug testing. ODG further notes that quantitative testing and/or confirmatory testing should not be routinely performed. The attending provider did not attach the injured worker's complete medication list to the request for authorization for testing. The attending provider did not state why the injured worker needs to be tested so soon after an earlier drug test of October 14, 2013. For these stated reasons, the request is not medically necessary.

Handling and/or conveyance of specimen for transfer from a physician's office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

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

Decision rationale: Since the primary request is not medically necessary, none of the associated services are medically necessary.

Prolonged evaluation and management service: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Since the primary request is not medically necessary, none of the associated services are medically necessary.

