

Case Number:	CM14-0081888		
Date Assigned:	07/18/2014	Date of Injury:	01/24/1995
Decision Date:	09/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/03/2014

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 pain syndrome reportedly associated with an industrial injury of January 24, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; implantation of a pain pump; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 6, 2014, the claims administrator approved a request for OxyContin while denying a urine drug screen and alcohol test. The applicant's attorney subsequently appealed. In a May 19, 2014 office visit, the applicant was described as having persistent complaints of multifocal pain, ranging from 6-9/10. The applicant stated that ongoing usage of medication was diminishing her pain complaints. The applicant was on Amitiza, OxyContin, Neurontin, and Cymbalta, it was stated. It was stated that the applicant denied alcohol or illicit drug use. The applicant obtained an intrathecal pain pump refill in the office. The applicant was using a walker to move about, it was acknowledged. The attending provider did seek authorization for quarterly urine drug testing and alcohol testing via a request for authorization form dated June 18, 2014, it was further noted. It appeared that the applicant was in fact drug tested on April 21, 2014. At the same time, the applicant was given refills of Cymbalta, Neurontin, Amitiza, and OxyContin. The applicant reportedly denied any alcohol or drug use. The attending provider stated that the drug test results were consistent with prescribed medications but did not attach the same.

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. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43.

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 the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state when an applicant was last tested, state which drug tests and/or drug panels he intends to test for, attempt to stratify the applicant into category of risks so as to justify more or less frequent testing, and attach an applicant's complete medication list to the request for drug testing. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not state whether the applicant was a higher or lower risk individual for whom more or less frequent drug testing would be indicated. The attending provider did not state which drug tests and/or drug panels he intended to perform. Therefore, the request is not medically necessary.

Alcohol Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG 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, state when the applicant was tested, and attempt to conform to the best practice of the United States Department of Transportation (DOT) while performing drug testing. In this case, the attending provider did not state when the applicant was last tested for alcohol. The attending provider did not state whether the applicant was a higher or lower risk individual for whom more or less frequent testing would have been indicated. Therefore, the request is not medically necessary.