

Case Number:	CM14-0096801		
Date Assigned:	07/28/2014	Date of Injury:	03/31/2008
Decision Date:	09/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/25/2014

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 neck and low back pain reportedly associated with an industrial injury of March 31, 2008. 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; urine drug testing; topical compounds; and extensive periods of time off of work. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for urine drug testing. The applicant's attorney subsequently appealed. The applicant apparently underwent drug testing in question on June 11, 2014. Despite the fact that the applicant was negative for the bulk of the items at issue, confirmatory and quantitative testing was performed, including on multiple antidepressant metabolites. The drug testing also included a nonstandard testing for 10 different benzodiazepine metabolites, multiple amphetamine metabolites, multiple antidepressant metabolites, and multiple opioid metabolites. The applicant had earlier undergone a drug testing on May 2, 2014, which was likewise positive for various antidepressant and opioid metabolites. Once again, confirmatory and quantitative testing was performed. In a handwritten progress note dated April 30, 2014, the applicant presented with multifocal neck and low back pain. The applicant was asked to pursue a psychiatry consultation. Multiple topical compounds and DNA testing were endorsed. The applicant was placed off of work, on total temporary disability.

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 Steps to Take Before a Therapeutic Trial of opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines 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 ODG's Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state which 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 State Department of Transportation (DOT) while performing drug testing. In this case, the patient was tested for numerous opioid, benzodiazepine, and antidepressant metabolites. This does not conform to the best practices of the United State Department of Transportation. Confirmatory and quantitative testing was also performed, which ODG recommends against outside of the emergency department drug overdose context. Additionally, a complete rationale to justify monthly drug testing was not provided, as was seemingly being sought here. The applicant's complete medication list was also not provided and attached to the request for authorization for testing. For all of the stated reasons, then, the request is not medically necessary.