

Case Number:	CM13-0068533		
Date Assigned:	01/03/2014	Date of Injury:	01/14/1984
Decision Date:	04/02/2015	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 14, 1984. In a Utilization Review Report dated November 20, 2013, the claims administrator retrospective denied a pain management office visit and a urine drug screen. The claims administrator referenced an RFA form received on November 14, 2013 and an associated progress note of October 14, 2013 in its determination. Non-MTUS ODG guidelines were invoked to deny the follow-up office visit, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. On November 12, 2013, the applicant did undergo drug testing. Testing for approximately 20 different opioid metabolites and 10 different benzodiazepine metabolites was performed. The applicant was reportedly using Vicodin and Ambien, it was suggested. Quantitative testing was performed for marijuana and opioids, both of which were positive. On December 2, 2013, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant had failed a spinal cord stimulator and three prior spine surgeries. The applicant was using Celebrex, Lexapro, Norco, Ambien, and Lyrica, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine drug screen (10/14/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 43 of 127.

Decision rationale: No, the urine drug screen was not medically necessary, medically appropriate, or indicated here. 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. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. Here, however, the attending provider did not clearly state when the applicant was last tested. The attending provider performed non-standard testing on multiple different opioid and benzodiazepine metabolites, despite the unfavorable ODG position on such non-standard testing. The attending provider went on to perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Retrospective follow-up Pain Management office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines online version regarding office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The pain management office visit, conversely, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted for monitoring purposes in order to provide structure and reassurance, even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant had ongoing, longstanding, chronic low back pain complaints which had proven recalcitrant to time, medications, surgical intervention, opioid therapy, spinal cord stimulator, etc. Obtaining a follow-up visit was, thus, indicated, for a variety of reasons, including for disability management purposes and for medication management purposes. Therefore, the request was medically necessary.

