

Case Number:	CM14-0183353		
Date Assigned:	11/10/2014	Date of Injury:	07/05/2013
Decision Date:	01/02/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	11/04/2014

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 neck, mid back, low back, ankle, and wrist pain reportedly associated with an industrial injury of July 5, 2013. In a Utilization Review Report dated September 26, 2014, the claims administrator failed to approve a request for urinalysis sought prior to a forthcoming appointment on October 3, 2014. The claims administrator stated that its decision was based on an RFA form dated April 2, 2014 and progress notes of February 6, 2014 and February 18, 2014. The applicant's attorney subsequently appealed. Laboratory testing performed on April 26, 2014 did include both confirmatory and quantitative testing of approximately 10 different benzodiazepine metabolites and approximately 10 different opioid metabolites. On April 2, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, wrist, low back, hand, and foot pain. The applicant's medication list was not attached. Chiropractic manipulative therapy and physical therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: 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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

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. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, states that an attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the Request for Authorization for drug testing, state which drug tests and/or drug panels he is testing for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context. Here, however, it appeared that previous drug testing did include confirmatory and quantitative testing, despite the unfavorable ODG position on the same. It is not clearly stated when the applicant was last tested. It was not clearly stated what drug tests and/or drug panels were being tested for on this occasion. The attending provider did not seemingly attach the applicant's complete medication list to the Request for Authorization for testing. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.