

Case Number:	CM14-0190445		
Date Assigned:	11/21/2014	Date of Injury:	07/09/2002
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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, low back, wrist, mid back, knee, and elbow pain reportedly associated with an industrial injury of July 9, 2002. The applicant has been treated with the following: Analgesic medications; earlier left and right wrist surgery; earlier left and right elbow surgery; earlier left knee arthroscopy; earlier spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 5, 2014, the claims administrator denied a request for drug testing. It appeared that this was a retrospective denial, although this was not readily apparent. The claims administrator stated that the attending provider had not attached a RFA form to its request. The applicant's attorney subsequently appealed. A urine drug testing of September 25, 2014 was reviewed and did include both confirmatory and quantitative testing for a variety of agents, including pregabalin, morphine, nordiazepam, norfentanyl, oxazepam, and temazepam. In a July 10, 2014 progress note, the applicant reported multifocal complaints of elbow, wrist, knee, and low back pain, 7/10. The applicant was using Valium, Imitrex, Duragesic, morphine, Lyrica, and Ambien, all of which were refilled while the applicant was kept 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:

Toxicology screen: Upheld

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

Decision rationale: While page 43 of the California 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. Official Disability Guidelines (ODG's) Chronic Pain Chapter Urine Drug Testing topic, however, does stipulate that a requesting provider attach an applicant's complete medication list to the request for authorization for testing, clearly state when an applicant was last tested, clearly identify which drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing and eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context. Here, however, the attending provider did perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. The attending provider's testing for multiple different benzodiazepine opioid, and anticonvulsant metabolites, furthermore, represented nonstandard drug testing which did not conform to the best practices of the United States Department of Transportation (DOT). Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.