

Case Number:	CM14-0191038		
Date Assigned:	12/09/2014	Date of Injury:	11/05/2007
Decision Date:	01/30/2015	UR Denial Date:	10/28/2014
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 low back pain reportedly associated with an industrial injury of November 5, 2007. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a urine drug screen, conditionally denied tramadol, and conditionally denied BuTrans. The claims administrator suggested that its decision was based on an October 15, 2014, progress note. The applicant's attorney subsequently appealed. The applicant underwent drug testing on November 4, 2014, reportedly negative for amphetamines, benzodiazepine, FCE, opioids, cocaine, and ethanol. On November 12, 2014, the applicant was described as having persistent complaints of low back pain radiating to the legs. The applicant was on tramadol, BuTrans, Zanaflex, Zestril, Lyrica, and Lopressor. Thoracic spine x-rays were sought to demonstrate appropriate placement of the applicant's spinal cord stimulator. Urine drug testing was again endorsed on this occasion. On October 29, 2014, the applicant was described as having gained weight. The applicant's medications included Zestoretic, Lopressor, Cipro, Lidoderm, Senna, MiraLax, Lyrica, Atarax, Skelaxin, Mobic, Fioricet, butalbital, and Amitiza. The applicant's medical history is notable for hypertension, chronic back pain, obstructive sleep apnea, lumbar disk replacement surgery, and spinal cord stimulator replacement surgery. Multiple medications were refilled. The applicant was given a shot of Toradol. On October 15, 2014, the applicant reported persistent complaints of low back pain. The applicant had recently had a spinal cord stimulator reprogrammed. Drug testing was endorsed, while Zanaflex, tramadol, BuTrans, and thoracic spine x-rays were sought. In a progress note dated September 22, 2014, the applicant was given refills of BuTrans and tramadol. Drug testing was again endorsed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

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

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 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 clearly state what drug tests and/or drug panels he is testing for, attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or attempt to conform to the best practice of the United 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, the attending provider did not furnish any compelling applicant-specific rationale, which would support monthly drug testing as was/is being sought here. The attending provider sought drug testing on office visits of September 2014, October 2014, and November 2014, referenced above. No compelling applicant specific rationale for such frequent testing was furnished. It was not clearly stated what drug tests or drug panels were being tested for. The attending provider did not signal his intention to eschew confirmatory and/or quantitative drug testing here. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.