

Case Number:	CM14-0192494		
Date Assigned:	11/26/2014	Date of Injury:	04/04/2013
Decision Date:	01/20/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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, hand, and wrist pain reportedly associated with an industrial injury of April 4, 2013. In an October 20, 2013 Utilization Review Report, the claims administrator denied a request for urine toxicology screening. The claims administrator stated that it was basing its denial on a September 8, 2014 progress note and associated RFA form. The claims administrator noted that the applicant was using Norco. The claims administrator also noted that the applicant was alleging multifocal pain complaints secondary to cumulative trauma at work. The applicant's attorney subsequently appealed. Electrodiagnostic testing of the upper extremities dated September 12, 2014 was notable for bilateral ulnar neuropathy and a mild right-sided median neuropathy. In a September 11, 2014 pain management note, the applicant reported multifocal complaints of elbow, hand, low back, and bilateral foot pain. The applicant had received more than 60 sessions of physical therapy, unspecified amounts of acupuncture, and at least four sessions of chiropractic manipulative therapy without any significant improvement. The applicant felt depressed. 7-9/10 pain complaints were noted, which interfered with the applicant's ability to sleep. The applicant was using Motrin and Flexeril; it was stated, without significant relief. Diagnostic facet blocks were sought. Drug testing of September 8, 2014 was reviewed and did include testing for approximately 10 different benzodiazepine metabolites, 10 different opioid metabolites, and multiple antidepressant metabolites. The attending provider did acknowledge that confirmatory and/or quantitative testings were performed on several drugs, despite the fact that the initial screening tests were entirely negative in each instance. On August 29, 2014, the applicant was given permanent work restrictions through an Agreed Medical

Evaluation, which were resulting in her removal from the workplace, the agreed medical evaluator acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing ; Opioids, criteria for use ; On-Going Management;. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition Chapter: Pain, Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation 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, however, 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, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider did perform confirmatory and/or quantitative testing, despite the unfavorable ODG position on the same, in drug testing/urine toxicology testing dated September 8, 2014. Similarly, non-standard drug testing of multiple different opioid and benzodiazepine classes was performed, despite the unfavorable ODG position on the same. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.