

Case Number:	CM14-0196718		
Date Assigned:	12/04/2014	Date of Injury:	01/25/1999
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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, and shoulder pain reportedly associated with an industrial injury of January 25, 1999. In a Utilization Review Report dated October 29, 2014, the claims administrator partially approved a request for urine drug screen of August 26, 2014, as a 10-panel random urine screen, qualitative analysis only. The claims administrator stated that its decision was based on an August 26, 2014 office visit, associated laboratory report, and October 20, 2014 RFA form. The applicant's attorney subsequently appealed. On October 21, 2014, the applicant reported ongoing complaints of neck, low back, and bilateral shoulder pain, 4 to 9/10. The applicant stated that her medications were less effective than previously. The applicant's BMI was 33. The applicant had derivative issues with anxiety and depression. Drug testing was performed. The applicant was given refills of Duragesic, Prilosec, Senna, and Soma. The attending provider stated that a 12-panel drug screen was being performed. It is not clearly stated whether confirmatory and/or quantitative testing were or were not performed. The testing was positive for opioids, benzodiazepines, and oxycodone. The actual drug test collected on August 26, 2014 was reviewed. The testing did include quantitative testing of various different metabolites, including meprobamate and approximately 10 to 15 different benzodiazepine metabolites. Approximately, 7-10 different opioids metabolites were also tested for. Quantitative testing of various opioids metabolites, including fentanyl and norfentanyl was also performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen Date of Service 8/26/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 endorse 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, does stipulate that an attending provider clearly state what 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. ODG also suggests that an attending provider state when an applicant was last tested and attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing might be indicated. Here, the attending providers went on to perform testing for multiple different opioid, benzodiazepine, and barbiturate metabolites. Confirmatory and quantitative testing were performed, despite the unfavorable ODG position on the same. The testing for multiple different opioid and benzodiazepine metabolites did not conform to the best practices of United States Department of Transportation and did not, it was further noted, conform to the best practices of the United States Department of Transportation. Since several ODG criteria in pursuit of drug testing were not met, the request was not medically necessary.