

Case Number:	CM14-0200328		
Date Assigned:	12/10/2014	Date of Injury:	03/21/2011
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 posttraumatic headaches reportedly associated with an industrial injury of March 21, 2011. In a Utilization Review Report dated November 4, 2014, the claims administrator failed to approve a request for urine toxicology screen on the applicant's next office visit. The claims administrator alluded to a progress note of October 6, 2014 and an earlier June 25, 2014 drug test result. The applicant's attorney subsequently appealed. In an April 7, 2014 progress note, the applicant reported multifocal complaints of neck, low back, and elbow pain. The applicant was not working, it was acknowledged. The applicant reported multifocal complaints of headaches, neck pain, low back pain, anxiety, depression, and dyspepsia. The applicant was placed off of work, on total temporary disability. A Keratek analgesic gel was endorsed, along with MRI imaging of the right forearm and right elbow. On April 23, 2014, it was again stated that the applicant was again placed off of work, on total temporary disability owing to reported issues with complex regional pain syndrome, neck pain, back pain, and upper arm pain. The applicant went on to receive manipulative therapy in July 2014. On May 21, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was using Norco for pain relief. The applicant received a cervical epidural steroid injection in June 18, 2014. On August 18, 2014, the applicant was again placed off of work, on total temporary disability, while a hand surgery consultation, physical therapy, and topical compounded medications were endorsed. Drug testing was apparently performed on September 17, 2014, and included testing for approximately 7 different benzodiazepine metabolites, and 10 to 15 different opioid metabolites. Confirmatory and/or quantitative testing was performed on various articles including hydrocodone, norhydrocodone, hydromorphone, temazepam, and oxazepam. On September 17, 2014, the applicant reported multifocal complaints of neck, arm, and back pain. Norco, Restoril, and drug

testing were endorsed while the applicant was kept off of work. The applicant was asked to consider epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology screen for next visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Evidence based citation (EBM)

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 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. The ODG's Chronic Pain Chapter Urine Drug Testing Topic, however, notes that an attending provider should 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, classify the applicants into higher- or lower-risk categories for which more or less frequent drug testing would indicated, attempt to conform to the best practices of United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the emergency department overdose context. In this case, however, the attending provider did not clearly identify when the applicant was last tested. There was note made to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would have been indicated. Previous drug testing in September 2014, furthermore, suggested that the attending provider was, in fact, intent on performing confirmatory and quantitative testing, as was previously performed. No rationale supporting usage or confirmatory and/or quantitative testing was set forth by the attending provider on any of the progress notes, referenced above. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.