

Case Number:	CM14-0203778		
Date Assigned:	12/16/2014	Date of Injury:	06/24/2009
Decision Date:	02/09/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 knee and low back pain reportedly associated with an industrial injury of June 24, 2009. In a Utilization Review Report dated November 21, 2014, the claims administrator denied a urine drug screen apparently performed on November 4, 2014. Non-MTUS ODG guidelines were invoked. The applicant's attorney subsequently appealed. In a medical-legal evaluation of May 16, 2014, the applicant presented with low back pain and knee pain reportedly imputed to cumulative trauma at work. The applicant had undergone earlier knee arthroscopy and had posttraumatic knee arthritis, it was stated. On August 4, 2014, the applicant presented with bilateral knee and low back pain. The applicant was placed off of work, on total temporary disability. The applicant received prescriptions for Naprosyn, omeprazole, and several topical compounded creams on August 4, 2014. Drug testing was performed on October 13, 2014, the results of which were not clearly reported. On September 8, 2014, the applicant received prescriptions for Naprosyn, Prilosec, and tramadol. Drug testing was performed on September 8, 2014 and included testing for approximately 20 different opioid metabolites and seven to ten different benzodiazepine metabolites. The results of drug testing were not clearly reported. On November 4, 2014, the applicant reported multifocal complaints of low back and bilateral knee pain. The applicant was again placed off of work, on total temporary disability, while the applicant was asked to continue Naprosyn, Prilosec, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, provided on November 4, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen Chapter

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: No, the urine drug testing performed on November 4, 2014 was not medically necessary, medically appropriate, or indicated here. 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, notes that an attending provider should attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, clearly state what 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 drug testing, and attempt to categorize the applicants into higher- or lower-risk categories for which more or less frequent testing would be indicated. Here, the applicant received drug testing in August 2014, September 2014, and November 2014. The attending provider did not clearly outline why the applicant needed to undergo such frequent drug testing. Several progress notes, referenced above, did not, furthermore, incorporate the applicant's complete medication list. The attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The attending provider did not clearly state why prior drug testing included non-standard testing that included testing for 20 different opioid metabolites and seven to ten different benzodiazepine metabolites. Such testing 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.