

Case Number:	CM14-0207430		
Date Assigned:	01/30/2015	Date of Injury:	08/20/2013
Decision Date:	03/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of August 20, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator retrospectively denied urine drug test performed on October 6, 2014 and November 20, 2014. The applicant's attorney subsequently appealed. A previous urine drug screen was approved via a December 23, 2014 Independent Medical Review report on the grounds that the applicant had previously tested positive for marijuana. On November 12, 2014, the applicant underwent urine drug testing, which did include testing for multiple doses of opioid and benzodiazepine metabolites. Marijuana was not; it is incidentally noted, tested for. On September 30, 2014, the claimant again underwent drug testing, which was positive for marijuana. Quantitative testing was performed on multiple different opioids and benzodiazepine metabolites. The testing did include a variety of non-standard tests for multiple different opioid and benzodiazepine metabolites. On November 12, 2014, the applicant reported ongoing complaints of neck pain with associated severe radicular complaints. The applicant was placed off of work, on total temporary disability, while Neurontin, Norco, and Soma were endorsed. A back brace was also prescribed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, opiates, provided on October 6, 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 Official Disability Guidelines (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, notes that 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, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent testing would be indicated, and attempt to conform to the best practices of the United States Department of Transportation when performing testing. Here, however, the attending provider did not furnish a compelling rationale for such frequent drug testing on a seemingly monthly basis. Drug testing was apparently performed in September, October, and November 2014. The drug testing at issue included non-standard testing for multiple different opioid, benzodiazepine, and barbiturate metabolites. It is not clearly stated why such frequent drug testing was indicated. The applicant was a known marijuana user. The attending provider did not make any attempt to justify the monthly drug testing seemingly performed here. The drug testing for multiple different opioid metabolites, including quantification of the same, did not conform to the best practices of the United States Department of Transportation (DOT). Therefore, the request was not medically necessary.

Quantitation of drug, provided on October 6, 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 Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: Page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does not specifically discuss quantitative drug testing. However, ODG's Chronic Pain Chapter notes that quantitative testing is not recommended outside of the emergency department drug overdose context. Here, the attending provider did not furnish any kind of rationale for the non-standard

drug testing performed, including the quantitative testing. Therefore, the request was not medically necessary.

Column chromatography/mass spectrometry, provided on October 6, 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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The chromatography and mass spectrometry represented a means of performing the quantitative drug testing at issue. As with the preceding request, 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 specifically address the topic of quantitative and/or confirmatory testing. ODG's Chronic Pain Chapter, Urine Drug Testing, however, stipulates that such testing are typically not recommended outside of the emergency department drug overdose context. ODG also suggests that an attending provider attempt to categorize an applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, the attending provider made no attempt to categorize the applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated. The attending provider did not clearly state why drug testing was being performed on a monthly basis, as the applicant was both a known marijuana and opioid user. Therefore, the request was not medically necessary.

Quantitation of drugs, provided on October 6, 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 Official Disability Guidelines (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, 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 confirmatory and/or quantitative testing are typically not recommended outside of the emergency department drug overdose context. Here, the attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ODG position on the article at issue. The attending provider did not state why such frequent quantitative testing was needed. Therefore, the request was not medically necessary.

Urine drug screen, methadone, provided on October 6, 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 Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (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 notes that an attending provider should, however, attach an applicant's complete medication list to the request for authorization for testing, and further notes that an attending provider should attempt to conform to the best practices of the United States Department of Transportation when performing testing, notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and also states that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, and further states that an attending provider should clearly state which drug tests and/or drug panels he intends to test for. Here, the attending provider did not furnish a rationale for drug testing on a monthly basis. The attending provider did not furnish any compelling applicant-specific rationale which would support the quantitative and/or confirmatory testings which were performed on each visit. Since several ODG criteria for pursuit of drug testing were not met, the request for drug testing on October 6, 2014 to include a urine methadone was not medically necessary.

Mass spectrometry and tandem mass spectrometry, provided on October 6, 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 Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The mass spectrometry request represented a means of quantifying the drug testing performed on October 6, 2014. Page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does not discuss quantitative drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing topic, however, notes that quantitative and/or confirmatory drug testing are typically not recommended outside of the emergency department drug overdose context. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ODG position on the article at issue. Therefore, the request was not medically necessary.

Mass spectrometry, provided on October 6, 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 Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: This represents an ancillary request, one which accompanies the primary request for urine drug testing performed on October 6, 2014. 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 notes that an attending provider should attempt to categorize applicants into higher- or lower risk categories for which more or less frequent drug testing would be indicated and further notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing. Here, the attending provider did not provide any rationale to justify monthly drug testing, nor did the attending provider attach the applicant's complete medication list to the request for authorization for testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request for drug testing and associated mass spectrometry was not medically necessary.

Urine drug screen, benzodiazepines, provided on October 6, 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 Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug

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, however, notes that an attending provider should attach an applicant's medication list to the request for authorization for testing and further notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. ODG also notes that an attending provider should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, the attending provider did not furnish any rationale which would support the monthly drug testing which was performed here. The attending provider did not attach the applicant's complete medication list to the request for

authorization for testing on multiple occasions, including on November 12, 2014. The attending provider did not state why non-standard drug testing which included testing for multiple different benzodiazepine metabolites was performed. Since several different ODG criteria for pursuit of drug testing were not met, the request for a urine drug screen to include benzodiazepines was not medically necessary.

Urine drug screen, barbituates, provided on October 6, 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 Official Disability Guidelines (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, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent testing would be indicated, and further notes that an attending provider should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, the multiple tests for several different barbiturate metabolites do not conform to the best practices of the United States Department of Transportation (DOT). The attending provider went on to perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. The attending provider did not furnish any rationale which would support the monthly drug testing seemingly performed here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Urine drug screen, amphetamine or methamphetamine, provided on October 6, 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 Official Disability Guidelines (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 notes that an attending provider should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated, also suggests that an attending provider attach an applicant's complete medication list to the request for testing, notes that an attending provider should eschew confirmatory testing outside of the emergency department drug overdose context and also notes that an attending provider should attempt to conform to the best practice of the United States Department of Transportation when performing testing. Here, no rationale was furnished for monthly drug testing. No rationale was furnished for confirmatory or quantitative testing outside of the emergency department drug overdose context. The attending provider's testing for multiple different opioid, benzodiazepine, barbiturate, and methamphetamine metabolites likewise does 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 for a urine drug screen to include amphetamines and methamphetamines was not medically necessary.

Quantitation of drugs, provided on October 6, 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 Official Disability Guidelines (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. ODG's Chronic Pain Chapter Urine Drug Testing topic notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. Here, the attending provider did not furnish rationale for confirmatory and/or quantitative testing in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

Urine drug screen, cocaine or metabolite, provided on October 6, 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 Official Disability Guidelines (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 notes that an attending provider should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, the attending provider did not clearly state why he was performing monthly drug testing on the applicant, who was a known opioid and marijuana user. Since no rationale was furnished to support the monthly drug testing performed here, the urine drug screen to include cocaine testing on October 6, 2014 was not medically necessary.

Column chromatography, provided on October 6, 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 Official Disability Guidelines (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. The column chromatography at issue represented a means of performing quantitative, confirmatory drug testing. ODG's Chronic Pain Chapter Urine Drug Testing, however, notes that an attending provider should generally avoid confirmatory and/or quantitative testing outside of the emergency department drug overdose context. Here, no rationale was furnished to support confirmatory and quantitative testing here. Similarly, the attending provider did not furnish any rationale for what amounted to monthly drug testing. Since several ODG criteria for pursuit of drug testing were not met, the request for drug testing with associated column chromatography performed on October 6, 2014 was not medically necessary.

Urine drug screen, phencyclidine (PCP), provided on October 6, 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 Disability Guidelines (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 notes that an attending provider should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, the attending provider did not furnish any

rationale which would support what amounted to monthly drug testing here. Therefore, the urine drug screen to include PCP testing performed on October 6, 2014 was not medically necessary.

Urine drug screen, meprobamate, provided on October 6, 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 Official Disability Guidelines (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 notes that an attending provider should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, the attending provider did not, however, furnish any rationale which would support what amounted to monthly drug testing. Therefore, the request for urine drug testing to include testing for meprobamate was not medically necessary.