

Case Number:	CM15-0008558		
Date Assigned:	01/26/2015	Date of Injury:	10/07/2003
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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 pain syndrome reportedly associated with an industrial injury of October 7, 2003. In a Utilization Review Report dated December 22, 2014, the claims administrator failed to approve a request for urine toxicology testing/urine drug testing. The claims administrator referenced a December 6, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten prescription dated November 3, 2014, Prilosec, Ultram, Paxil, a topical compounded medication, and Flexeril were endorsed. In a December 6, 2014 progress note, Fexmid, fenoprofen, Paxil, Prilosec, tramadol, Norco, Colace, and several topical compounded medications were endorsed while the applicant was placed off of work, on total temporary disability. Multifocal complaints of neck and shoulder pain were evident. Urine drug testing was ordered and/or performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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: No, the proposed urine toxicology testing (AKA urine drug testing) 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, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, notes that an attending provider should eschew confirmatory testing outside of the emergency department drug overdose context, notes that an attending provider should adhere to the best practices of the United States Department of Transportation when performing drug testing, and also state 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, however, the attending provider did not clearly state what drug tests and/or drug panels were sought. The attending provider did not clearly state when the applicant was last tested. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. 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. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.