

Case Number:	CM15-0103563		
Date Assigned:	06/08/2015	Date of Injury:	02/14/2007
Decision Date:	07/10/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/01/2015

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, New York, 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 73-year-old who has filed a claim for chronic shoulder, low back, neck, and knee pain reportedly associated with an industrial injury of February 19, 2007. In a Utilization Review report dated May 27, 2015, the claims administrator retrospectively denied a urine drug testing for home on April 14, 2015. The applicant's attorney subsequently appealed. A urine drug testing apparently collected on April 17, 2015 was reviewed and did include confirmatory and quantitative testing on multiple different opioid and benzodiazepine metabolites, including lorazepam, nortriptyline, acetaminophen, etc. Approximately 15 different opioids metabolites and 10 different benzodiazepine metabolites were tested for. The applicant's complete medication list was not seemingly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Urine Drug Testing (DOS: 04/17/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Procedure Summary, Pain, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, request for 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 list to the request for authorization for testing, eschew confirmatory and quantitative testing outside of the emergency department drug overdose context, clearly state when an applicant was last tested, in an attempt to categorize applicants into higher or lower risk categories for whom more or less frequent drug testing would be indicated. Here, however, the applicant's complete medication list was not attached to the request for authorization for testing. The applicant's complete medication list was not clearly described or clearly detailed on the admitted limited documentation on file. The testing in question did include confirmatory and/or quantitative testing, despite the unfavorable ODG position on the same. Since the multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.