

Case Number:	CM15-0109155		
Date Assigned:	06/15/2015	Date of Injury:	04/23/2013
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/05/2015

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 68-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 23, 2013. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve a request for a full panel urine drug screen. The claims administrator referenced a RFA form received on May 7, 2015 in its determination. A progress note dated May 6, 2015 was likewise referenced. The applicant's attorney subsequently appealed. On June 17, 2015, the applicant was placed off of work, on total temporary disability, owing to a primary reported complaint of low back pain, 7-10/10. The applicant had undergone earlier failed cervical fusion surgery, it was reported. Ancillary complaints of mid back pain were also reported. The attending provider suggested that the applicant pursue revision cervical fusion procedure. The applicant's complete medication list was not seemingly detailed, although the applicant was given refills of Fexmid, Lunesta, and Norco. On May 6, 2015, the applicant was again placed off of work, on total temporary disability. The attending provider reiterated his request for a cervical fusion procedure. 7-10/10 pain complaints were noted. Urine drug screen was sought while the applicant was asked to continue Flexeril, Norco, and tramadol. The applicant was kept off of work. The attending provider did not clearly state which drug tests or drug panels he intended to test for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Panel Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, the request for a full-panel urine drug screen 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, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intended to test for, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not attach the applicant's complete medication list to the request for authorization for testing. It was not clearly identified when the applicant was last tested. The attending provider did not state which drug tests and/or drug panels he intended to test for. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) here. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.