

Case Number:	CM15-0134500		
Date Assigned:	07/22/2015	Date of Injury:	01/07/2009
Decision Date:	09/02/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/10/2015

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 53-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 7, 2009. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for comprehensive urine drug screen performed on April 7, 2015. The claims administrator referenced a HCFA form dated April 7, 2015 and progress notes of April 7, 2015, and June 2, 2015 in its determination. The applicant's attorney subsequently appealed. In a questionnaire dated May 22, 2015, the applicant acknowledged that she was not, in fact, working. In a questionnaire dated February 27, 2015, the applicant noted that she was using tramadol and Tylenol for pain relief and again acknowledged that she was not working. The applicant stated that she had last worked on September 30, 2013, it was reported. On April 17, 2015, the applicant reported heightened complaints of low back and hip pain. The applicant was on a capsaicin cream and Tylenol for pain relief, it was reported. Permanent work restrictions, acupuncture, aquatic therapy, and a topical compounded medication were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 4/7/2015) for a comprehensive panel drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Criteria for use of Urine Drug Testing.

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) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the comprehensive drug screen performed on April 7, 2015 was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended in the chronic pain context, 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 intends to test for and why, and attempt to categorize the 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 state when the applicant was last tested. There was no mention of the applicant's being a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.