

Case Number:	CM15-0135006		
Date Assigned:	07/23/2015	Date of Injury:	10/31/2013
Decision Date:	08/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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 71-year-old who has filed a claim for chronic wrist, knee, mid-back, low back, and hand pain with derivative complaints of anxiety and psychological stress reportedly associated with an industrial injury of October 31, 2013. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for urine toxicology screening (AKA urine drug testing). The claims administrator referenced an RFA form received on June 11, 2015 and an office visit of May 14, 2015 in its determination. The applicant's attorney subsequently appealed. Drug testing of June 15, 2015 did include testing for approximately 20 different opioid metabolites, marijuana, methadone, and multiple different antidepressant metabolites. Drug testing was seemingly negative for all items on the panel. The applicant also received pharmacogenetic testing on June 15, 2015, at which point it was suggested that the applicant was using Flexeril, Motrin, and Prilosec. In a handwritten note dated June 15, 2015, the applicant was given a 15-pound lifting limitation. Multifocal pain complaints of neck, mid-back, shoulder, rib pain, 7 to 8/10 were reported. The applicant's medication list was not detailed or characterized. It was not stated whether the applicant was or was not working with a 15-pound lifting limitation in place. It was not clearly identified when the applicant had previously been tested. On May 14, 2015, the applicant reported multifocal complaints of neck, mid-back, low back, shoulder, knee, and hand pain. Urine drug testing, pharmacogenetic testing, lumbar support, knee brace, Prilosec, Flexeril, and Motrin were endorsed. Treating provider suggested that the applicant's employer was likely unable to accommodate said limitations. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine toxicology screen DOS 5-14-15: Upheld

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

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 request for urine toxicology testing (AKA urine drug testing) performed on May 14, 2015 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, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, 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 applicant was seemingly tested on consecutive office visits of May and June 2015, referenced above. There was no mention of the applicant's being a high-risk individual for whom such frequent drug testing would have been indicated. The drug-testing portion did include non-standard drug testing to include testing for multiple different opioids and antidepressant metabolites. Such testing does not conform to the best practices of the United States Department of Transportation (DOT). Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.