MAXIMUS Federal Services

Case Number:	CM15-0135013		
Date Assigned:	07/23/2015	Date of Injury:	10/24/2014
Decision Date:	08/25/2015	UR Denial Date:	06/24/2015
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 48-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 24, 2014. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve both retrospective and prospective requests for urine drug testing. The claims administrator referenced a progress note of June 9, 2015 and drug-testing report dated June 2, 2015 in its determination. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant reported ongoing complaints of neck pain status post earlier cervical spine surgery. The applicant was using Relafen for pain relief. The applicant was off work, on total temporary disability. The applicant did have residual complaints of upper extremity paresthesias, it was reported. The applicant was described as trending favorably following earlier cervical spine surgery of April 28, 2015. The applicant was placed off work on this date. On June 2, 2015, the applicant reported ongoing complaints of neck pain status post multilevel cervical fusion surgery. The applicant was on Tylenol and Motrin for pain relief, it was reported. In another section of the note, it was stated that the applicant was drinking one to two drinks a day and smoking one to two cigarettes a day. The applicant was placed off work, on total temporary disability. Drug testing was endorsed. It was not stated when the applicant was last drug tested. It was not stated what drug tests and/or drug panels were being tested for. On June 30, 2015, drug testing was again performed while the applicant was placed off work, on total temporary disability. On July 17, 2015, the applicant was asked to return to work on a trial basis. Drug testing was again apparently endorsed while the applicant was asked to pursue physical therapy.

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 Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

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 is not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing with 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 stipulates that an attending provider attach an applicant's complete medication list for the request for authorization for testing, eschew confirmatory, and/or quantitative testing outside of the emergency department drug overdose context, clearly state when an applicant was last tested, attempts to categorize the applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated and attempt to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the attending provider did not clearly state why he was performing drug testing on each and every visit. The applicant seemingly drug tested on office visits of July 17, 2015, June 30, 2015, June 9, 2015, and June 2, 2015. The attending provider made no mention of the applicant being a higher-risk individual for whom such frequent drug testing would have been indicated. A clear rationale for such frequent drug testing was not furnished. The attending provider neither signaled his intention to conform to the best practice of the United States Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here. The results of the drug testing in question were not clearly reported on any of the office visits, referenced above. Therefore, the request is not medically necessary.

Retrospective (DOS: 6.2.15) urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

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: Similarly, the retrospective request for drug testing performed on June 2, 2015 was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guideline 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, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug 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 attending provider did not clearly state why he was performing drug testing on each and every visit. The applicant seemingly had drug testing on July 17, 2015, June 30, 2015, June 9, 2015, and June 2, 2015. A clear rationale for such frequent drug testing was not furnished. The results of the drug testing in the question were likewise not discussed or detailed. The attending provider neither signaled his intention to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing 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 was not medically necessary.