MAXIMUS Federal Services

Case Number:	CM15-0138113		
Date Assigned:	07/28/2015	Date of Injury:	04/07/2006
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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 50-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 7, 2006. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for quantitative drug testing performed on June 12, 2015. The claims administrator referenced a June 23, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 6, 2015, Effexor, Xanax, Oxycodone, Naproxen, and Robaxin were renewed. The applicant's permanent work restrictions were likewise renewed on this date. The applicant had undergone earlier failed lumbar fusion surgery, it was suggested. The applicant had developed depressive symptoms secondary to chronic pain, it was acknowledged. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working with permanent limitations in place. A progress note dated April 22, 2015 was notable for commentary that the applicant was unemployed and had not worked since 2006. On an RFA form dated June 26, 2015, the attending provider sought retrospective authorization for quantitative drug testing performed on June 12, 2015. Little-to-no narrative commentary accompanied the RFA form(s). An associated progress note of June 5, 2015 was notable for commentary that the applicant was apparently using marijuana in conjunction with opioids. Both qualitative and quantitative drug testing was ordered, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Drugs Screening DOS 6-5-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for 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 request for retrospective drug testing performed on June 12, 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 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 are being tested for and why, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, confirmatory and quantitative testing were performed, despite the unfavorable ODG position on the same. Non-standard drug testing to include testing of multiple different opioid and antidepressant metabolites was performed, again despite the unfavorable ODG position on the same. The attending provider made no attempt to categorize the applicant into higher- or lower-risk categories for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.