MAXIMUS Federal Services

Case Number:	CM15-0140812		
Date Assigned:	07/31/2015	Date of Injury:	10/18/2002
Decision Date:	09/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 18, 2002. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for a serum drug screen. A July 2, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported worsening complaints of low back pain. The applicant exhibited a visibly antalgic gait. The applicant had undergone earlier failed fusion surgery with subsequent intrathecal pain pump implantations, it was reported. Omeprazole is refilled for reflux. The applicant's complete medication lists and work status were not detailed, although it did not appear that the applicant was working. On April 15, 2015, the applicant reported ongoing complaints of low back pain. The applicant underwent an intrathecal pain pump refill and reprogramming. The applicant was using intrathecal fentanyl, it was reported. It was suggested that the applicant was not using any medication other than intrathecal fentanyl. The attending provider stated that he wished to perform serum and/or urine drug testing of the applicant to monitor medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum drug screen Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

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) and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Copyright © 2014 Reed Group, Ltd., OPIOIDS GUIDELINE, pg. 136.

Decision rationale: No, the request for a serum 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. The Third Edition ACOEM Guidelines Opioids Chapter notes, however, that drug testing most commonly measures drugs or metabolites in urine or hair, which urine representing "most commonly assayed" specimen. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of serum drug testing in the face of the ACOEM position that urine drug testing represents the most commonly performed and/or commonly assayed substance. The attending provider did not state how (or why) non-standard serum drug testing would influence or alter the treatment plan. The serum drug testing, it is incidentally noted, represents a form of quantitative drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic notes that quantitative drug testing is not recommended for verifying compliance without "evidence of necessity." Here, however, the attending provider failed to furnish clear or compelling evidence for usage of non-standard serum drug testing in the face of the tepid-to-unfavorable ACOEM and ODG positions on the same. Therefore, the request was not medically necessary.