

Case Number:	CM15-0143499		
Date Assigned:	08/04/2015	Date of Injury:	04/15/2014
Decision Date:	09/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/23/2015

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 [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 15, 2014. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve a request for urine drug testing. The claims administrator referenced a June 29, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant reported ongoing complaints of bilateral knee, ankle, and heel pain, highly variable, 2-9/10. The applicant's pain complaints were causing significant emotional, financial, personal, and work disturbances, it was reported. The applicant was on Prilosec, Flexeril, Norco, and Cymbalta, it was reported. The applicant was also using topical compounds. Drug testing was performed on June 12, 2015, the treating provider stated, which was reportedly consistent with prescribed medications. Despite the fact that drug testing was simpatico with prescribed medications, the treating provider stated that he went on to perform confirmatory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine testing for compliance for symptoms related to the right knee as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids-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 urine testing (AKA urine drug testing) 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 context, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs 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, identify when an applicant was last tested, and attempt to categorize applicants into higher or lower risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider stated on June 3, 2015 that he did in fact order confirmatory testing, despite the fact that the applicant's preliminary drug screen was simpatico with prescribed medications. No rationale for the confirmatory testing was furnished in the face of the unfavorable ODG position on the same. The attending provider's June 3, 2015 progress note, furthermore, was difficult to follow, mingled historical issues with current issues, and did not clearly identify all of the medications which the applicant was using. It was not stated when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.