

Case Number:	CM15-0147455		
Date Assigned:	08/10/2015	Date of Injury:	07/04/1994
Decision Date:	09/10/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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 represented 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 4, 1994. In a Utilization Review report dated July 9, 2015, the claims administrator retrospectively denied drug testing performed on July 23, 2015 apparently including quantitative and confirmatory drug testing on multiple drug classes. The claims administrator referenced an RFA form received on June 11, 2015 and laboratory testing of July 23, 2013 in its determination. The applicant's attorney subsequently appealed. On January 8, 2015, the applicant was described as having chronic intractable low back pain status post earlier failed lumbar spine surgery. The applicant was on Lodine, Neurontin, and Norco, it was reported, several of which were renewed and/or continued. The applicant was asked to follow up with his personal physician for issues of hypertension. The applicant did have superimposed issues with anxiety, it was reported. While several medications were discussed, the applicant's complete medication list was not explicitly stated. The remainder of the file was surveyed. The July 23, 2015 laboratory testing report/drug testing report seemingly made available to the claims administrator was not incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro drug screen, qualitative; multiple drug classes, DOS: 7/23/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 retrospective request for urine drug testing performed on July 23, 2013 to include multiple drug classes was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option 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 testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for and why, 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's complete medication list was not detailed on later progress notes of January 8, 2015, February 5, 2015 or March 5, 2015. The July 23, 2013 drug testing at issue was not seemingly provided. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices to the United States Department of Transportation (DOT) when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.