

Case Number:	CM15-0161706		
Date Assigned:	08/27/2015	Date of Injury:	10/18/2002
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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 56-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 August 10, 2015, the claims administrator failed to approve a request for a urine drug screen while apparently approving an office visit. A July 24, 2015 office visit was cited in the determination. Non-MTUS ODG Guidelines were invoked to approve the office visit, it was incidentally noted. The applicant's attorney subsequently appealed. On July 24, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 3-7/10. The applicant was not employed, it was acknowledged, following imposition of permanent work restrictions. The applicant was on Vicoprofen for pain relief. Vicoprofen and Prilosec were renewed and/or continued while the applicant was asked to obtain urine drug testing. It was not stated when the applicant was last tested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for a urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option in the chronic pain population, to assess for the presence or absence of illicit drugs, 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 testing or drug panels he intends to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) to perform drug testing, and attempt to categorize the applicants in the higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the July 24, 2015 progress note made no mention when the applicant was last tested. There was no mention whether or not the applicant was a higher or lower-risk individual for whom more or less frequent drug testing would have been indicated. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) while performing drug testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request is not medically necessary.