

Case Number:	CM15-0185047		
Date Assigned:	09/25/2015	Date of Injury:	11/16/2012
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 16, 2012. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for a urine drug screen. The claims administrator referenced a July 24, 2015 office visit and an associated August 11, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant reported multifocal complaints of neck, shoulder, and low back pain with derivative complaints of sleep disturbance and anxiety. The applicant was placed off of work, on total temporary disability. Aquatic therapy was endorsed. The applicant had received 18 sessions of manipulative therapy, 37 sessions of conventional physical therapy and 23 sessions of acupuncture through this point in time, it was reported. On July 24, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to multifocal pain complaints while aquatic therapy was sought. The applicant's complete medication list was not detailed on this occasion. On May 19, 2015, the applicant reported multifocal complaints of neck, low back, and shoulder pain with derivative complaints of psychological stress. Ambien, Xanax, topical compounds, and Norflex were prescribed. Drug testing was performed. It was not stated when the applicant had received prior drug testing. The actual drug test of May 19, 2015 did include a "custom panel" drug test. Confirmatory and quantitative testing were seemingly performed. The test included non-standard drug testing of multiple different opioid, benzodiazepine, and anti-depressant metabolites.

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, 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 using drug testing as an option to assess for the presence or absence of illegal drugs in the chronic pain population, 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, clearly state which drug test and/or drug panels he intended to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, multiple progress notes, referenced above, did not include or incorporate the applicant's complete medication list, including a progress note of May 19, 2015. While the treating providers renewed various medications on various dates, it was never clearly stated or clearly established that these medications represent the entirety of the applicant's medication list. Multiple other progress notes failed to furnish the applicant's entire medication list. The attending provider did seemingly perform confirmatory and quantitative testing on May 19, 2015, despite the unfavorable ODG position on the same. The drug testing of May 19, 2015 also included non-standard drug testing of multiple different opioid, benzodiazepine, and antidepressant metabolites. Such testing ran counter to the best practices of the United States Department of Transportation (DOT). There was no mention of whether the applicant was a higher or lower-risk individual for whom more or less frequent drug testing would be 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.