

Case Number:	CM15-0190352		
Date Assigned:	10/01/2015	Date of Injury:	06/27/2008
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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 neck and low back pain (LBP) reportedly associated with an industrial injury of June 27, 2008. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for 3 sets of urine toxicology testing (AKA urine drug testing). The claims administrator referenced a July 2, 2015 office visit and an associated August 28, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On September 30, 2015, the applicant reported ongoing complaints of low back and neck pain. The applicant had undergone earlier failed cervical laminectomy surgery, it was reported. The applicant's past medical history was notable for diabetes, dyslipidemia, hypertension, and arthritis. The applicant had also undergone shoulder surgery, it was reported. The applicant's medications included Lodine, Pamelor, Flexeril, Norco, Zocor, Tenormin, and metformin, it was stated. On September 17, 2015, the applicant apparently received acupuncture. The attending provider reiterated his request for additional drug testing. It was not clearly stated when the applicant was last tested. The applicant was given refills of Norco, Lodine, Pamelor, and Flexeril. On July 2, 2015, the applicant reported diffuse complaints of low back, neck, and right upper extremity pain. The applicant contended that her medications were beneficial. The applicant was off of work, on total temporary disability, the treating provider reported in the Social History section of the note. The applicant was obese, standing 5 feet 3 inches tall, weighing 204 pounds, it was reported. Drug tests were endorsed while multiple medications

including Topamax, Prevacid, Lodine, Pamelor, Flexeril, and Norco were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Testing, QTY: 3: 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 3 urine toxicology tests (AKA urine drug screens) 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 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. 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, attempt to conform to the best practices of the [REDACTED] when performing drug testing, clearly state which drug tests and/or drug panels he intends to test for, and attempt to categorize applicants into higher-or lower-risk categories for whom more less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The attending provider neither stated his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the [REDACTED] when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.