

Case Number:	CM15-0196028		
Date Assigned:	10/09/2015	Date of Injury:	11/02/2013
Decision Date:	11/30/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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 2, 2013. In a utilization review report dated September 10, 2015, the claims administrator failed to approve a request for a urine drug screen. The claims administrator referenced an RFA form received on September 3, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated September 22, 2015, the applicant was placed off of work, on total temporary disability owing to multifocal complaints of low back, shoulder, leg, and neck pain. Tramadol and Prilosec were apparently prescribed and/or dispensed while the applicant was placed off of work. Drug testing was performed on August 20, 2015 and did include nonstandard drug testing involving multiple different opioids, benzodiazepine, and antidepressant metabolites. In certain instances, chronic drug testing was apparently performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) drug screening: 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): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for one (1) 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 intermittent drug testing in the chronic pain population to assess for the presence or absence of illegal 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 tests and/or drug panels he intends to test for and why, and attempt to categorize applicants into higher or lower risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not stated when the applicant was last tested. Non-standard drug testing to include testing for multiple different opioid, benzodiazepine and antidepressant metabolites was seemingly performed. There was no mention on whether the applicant was a higher or lower risk individual for whom more or less frequent drug testing would have been indicated. The attending provider did not identify when the applicant was last tested. While Tramadol and Prilosec were renewed on September 22, 2015, it was not clear that these medications represented the sole medications that the applicant was using. 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.