MAXIMUS Federal Services

Case Number:	CM15-0208808		
Date Assigned:	10/27/2015	Date of Injury:	11/13/2012
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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 28-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 13, 2012. In a Utilization Review report dated October16, 2015, the claims administrator failed to approve a request for a urine drug screen. A September 24, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 12, 2015, the applicant received extracorporeal shock wave therapy for the shoulder. On September 24, 2015, the applicant was placed off of work, on total temporary disability. Twelve sessions of physical therapy to include massage were endorsed. Drug testing was seemingly endorsed; however, the applicant's medication list was not discussed or detailed.

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, Section(s): Opioids, criteria for use, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

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. Page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option 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. However, ODG's Chronic Pain Chapter, Urine Drug Testing topic, 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 identify when an applicant was last tested, attempt to conform to the best practices of the [redacted] 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, the September 24, 2015 office visit at issue made no mention of when the applicant was last tested. The applicant's medication list was not furnished. There was no mention of 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 neither signaled his intention to eschew confirmatory 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.