

Case Number:	CM15-0208815		
Date Assigned:	10/27/2015	Date of Injury:	12/20/2011
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
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 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 20, 2001. In a utilization review report dated September 28, 2015, the claims administrator failed to approve a request for a urine drug screen. A September 17, 2015 office visit and an associated September 22, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On September 9, 2015, the applicant reported ongoing issues with chronic low back pain status post earlier failed lumbar spine surgery. Topical compounded agent and Norco were endorsed. The applicant's work status was not detailed. On September 17, 2015, the applicant was placed off work, on total temporary disability. Aquatic therapy and an orthopedic reevaluation were sought. 9/10 mid and low back pain complaints were reported. The applicant was using a cane to move about. The progress note was thinly and sparsely developed and made no mention of the applicant's medication list. On associated RFA form(s) of September 22, 2015, aquatic therapy and the urine drug screening in question were sought.

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): Drug testing.

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 screening 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 illegal drugs, however, 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 attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the applicant's complete medication list was not attached to the September 17, 2015 office visit at issue. There is no mention of when the applicant was last tested. There was no mention of the applicant's being 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) when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not indicated. Therefore, the request was not medically necessary.