

Case Number:	CM15-0023997		
Date Assigned:	03/09/2015	Date of Injury:	08/06/2004
Decision Date:	04/13/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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 47-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 6, 2004. In a Utilization Review Report dated January 22, 2015, the claims administrator failed to approve a urine drug screen performed on January 15, 2015 while apparently approving various medications, including baclofen, Cymbalta, Neurontin, and Motrin. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant was given refills of Prilosec, tizanidine, Mirapex, baclofen, Cymbalta, Xanax, Neurontin, and Motrin. The applicant was apparently working 27 hours a week, it was suggested. Ongoing complaints of low back pain, 5-6/10, were reported, with some radiation of the pain to the right foot. Somewhat incongruously, the attending provider then reported in another section of the report that the applicant was off of work, on total temporary disability, after a failed lumbar fusion surgery, a spinal cord stimulator implantation, and epidural steroid injection therapy. Drug testing was apparently performed. Multiple medications were renewed. The applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen (date of service: 01/15/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: No, the request for urine drug testing performed on January 15, 2015 was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing 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, identify when an applicant was last tested, and clearly state which drug testing and/or drug panels an attending provider is testing for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. Here, however, the attending provider did not state when the applicant was last tested. The attending provider did not make any attempt to categorize the applicant into higher- or-lower risk categories for which more or less frequent drug testing would have been indicated. The applicant's complete medication list was not attached to the request for authorization. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.