

Case Number:	CM15-0024192		
Date Assigned:	02/13/2015	Date of Injury:	07/30/1998
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
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, Ohio, 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 63-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 30, 1998. In a utilization review report dated January 1, 2015, the claims administrator denied a request for urine drug testing and associated reporting, both retrospectively and prospectively. Prior testing of December 4, 2014 was apparently referenced. The applicant's attorney subsequently appealed. On November 2, 2014, the applicant reported ongoing complaints of neck and low back pain with radiation of pain into the feet and arms. The applicant was having difficulty with standing and walking activities. The applicant was not working, it was acknowledged. The applicant was on Norco, Lyrica, Butrans, albuterol, Effexor, Elavil, and Flexeril, it was noted. The applicant had superimposed issues with severe anxiety and depression. The applicant had received cervical epidural injections, it was incidentally noted. The remainder of the file was surveyed. The December 4, 2014 urine drug testing report at issue was not incorporated into the independent medical review packet; the claims administrator's medical evidence log suggested that the most recent note on file was in fact dated November 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine toxicology screening/report (date of service: 12/04/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20; 9792.26 MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT)

Decision rationale: 1. No, the urine toxicology screen and associated report of December 4, 2014 were not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intermittent drug testing is recommended 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 and testing, suggests that an attending provider eschew confirmatory and/or quantitative testing outside the emergency department drug overdose context, suggests that an attending provider categorize the applicants into higher or lower risk categories for which more or less frequent drug testing would be indicated, and suggests that an attending provider clearly indicate when an applicant was last tested. Here, the attending provider did not state when the applicant was last tested. The attending provider did not clearly signal his intention to eschew confirmatory and/or quantitative testing. The attending provider did not signal his intentions to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing. The attending provider did not state what drug testing and/or drug panels were being tested for. The attending provider did not state whether the applicant was a higher or lower risk individual for whom more or less frequent drug testing would be indicated. Therefore, the request was not medically necessary.

Urine toxicology screening/report: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT)

Decision rationale: 2. Similarly, the request for prospective urine toxicology screening and reporting is likewise 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, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and

should attempt to categorize the applicants into higher or lower risk categories for which more or less frequent testing would be indicated. However, it was not stated when the applicant was last tested. It was not clearly stated which drug testing and/or drug panels were being sought. There was no attempt made to categorize the applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated. It is acknowledged, however, the December 4, 2014 progress note on which the article in question was requested was not incorporated into the independent medical review packet. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.