MAXIMUS Federal Services

Case Number:	CM15-0025627		
Date Assigned:	02/18/2015	Date of Injury:	05/06/2013
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/10/2015

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 51-year-old [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 6, 2013.In a Utilization Review Report dated January 9, 2015, the claims administrator retrospectively denied a custom profile urine drug screen performed on November 17, 2014.The applicant's attorney subsequently appealed.On November 17, 2014, the attending provider did indeed perform custom drug testing, which included quantitative testing of multiple benzodiazepine opioids including nordiazepam, temazepam, and oxazepam, along with quantitative testing of multiple opioid metabolites, including hydrocodone, norhydrocodone, and hydromorphone. Confirmatory testing was performed on multiple different agents. In an associated progress note of the same date, November 17, 2014, the applicant was given refills of Norco and Viibryd and kept off of work, on total temporary disability, owing to ongoing complaints of shoulder and low back pain. The applicant's medication list reportedly included Valium, Norco, Prilosec, and Viibryd.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom profile urine drug screen, provided on November 17, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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 rationale: No, the custom profile drug screen performed on November 17, 2014, 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, does stipulate 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, should clearly state which drug tests and/or drug panels he is testing for, and should attempt to categorize the applicant's into higher or lower risk categories for which more or less frequent drug testing would be indicated. ODG also suggested that the attending provider attempt to conform to be the best practice of the United States Department of Transportation (DOT) when performing drug testing. Here, the attending provider did go on to perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. No attempt was made to categorize the applicant into the higher or lower risk categorizes for which more or less frequent drug testing would be indicated. It was not stated when the applicant was last tested. Since multiple ODG criteria for testing were not met, the request was not medically necessary.