

Case Number:	CM15-0025642		
Date Assigned:	02/18/2015	Date of Injury:	09/25/2011
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
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 41-year-old [REDACTED] employee who filed a claim for chronic neck pain reportedly associated with an industrial injury of December 25, 2011. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve a request for outpatient urine drug testing. The claims administrator referenced a progress note of January 14, 2015, in its determination. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant reported persistent complaints of neck, shoulder, and arm pain. The applicant was having difficulty performing heavy lifting, but stated that she was otherwise relatively independent. The applicant's medications included Skelaxin, Topamax, Tylenol, and Maxalt. It was suggested that the applicant was continuing to work as a nurse. Urine drug testing was endorsed. The components of the urine drug test were not, however, stated. It was not stated when the applicant was last tested.

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 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: 1. No, the request for a urine drug screen 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, attempt to conform to best practice of the United States Department of Transportation when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. Here, however, the attending provider did not state which drug tests and/or drug panels were being tested for. The attending provider did not state when the applicant was last tested. The attending provider did not make an attempt to categorize the applicant into higher or lower risk categories for which more or less frequent testing would be indicated. The attending provider did not state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.