

Case Number:	CM15-0025788		
Date Assigned:	02/18/2015	Date of Injury:	02/14/2006
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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 57-year-old [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 14, 2008. In a Utilization Review Report dated January 12, 2015, the claims administrator denied a urine drug screen. The applicant's attorney subsequently appealed. The urine drug screen at issue was apparently requested via an RFA form dated December 29, 2014. In an associated progress note dated December 4, 2014, the applicant reported persistent complaints of elbow and shoulder pain. The applicant was using Flexeril and tramadol for pain relief, it was acknowledged. It was suggested that the applicant was working full time, despite ongoing pain complaints. Massage therapy and topical compounded Terocin were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology- Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 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, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, further notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and should make attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not state which drug test and/or drug panels he was testing for. The attending provider did not state when the applicant was last tested. The attending provider did not make any effort to classify the applicant into higher- or lower-risk categories for which more or less frequent testing would be indicated. Therefore, the request was not medically necessary.