

Case Number:	CM15-0218441		
Date Assigned:	11/10/2015	Date of Injury:	04/22/1997
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/06/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 22, 1997. In a Utilization Review report dated October 23, 2015, the claims administrator failed to approve a request for serum drug testing. The claims administrator referenced an October 1, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said October 1, 2015 office visit, the applicant reported ongoing issues with chronic low back pain. The applicant was status post a recent epidural steroid injection, the treating provider reported. The applicant's medications included tizanidine, terazosin, methadone, metformin, Zestril, Glucotrol, and Actos, the treating provider reported. Serum drug testing, an EKG, methadone, tizanidine, and permanent work restrictions were all seemingly renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Serum Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Opioids Guideline, pg. 136.

Decision rationale: No, the request for serum drug testing was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option in the chronic pain population, to assess for the presence or absence of illegal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The Third Edition ACOEM Guidelines Opioids Chapter notes on page 136 that drug testing most commonly measures drug or their metabolites in urine or hair. ACOEM goes on to note that urine is the specimen, which is "most commonly assayed." Here, the attending provider failed to furnish a clear or compelling rationale for non-standard serum drug testing in the face of the unfavorable ACOEM position on the same. It was not explicitly stated how said serum drug testing would influence or alter the treatment plan. It was not clearly stated why non-standard serum drug testing was sought in favor of what ACOEM considers more conventional, more commonly assayed urine drug testing. Therefore, the request was not medically necessary.