MAXIMUS Federal Services

Case Number:	CM15-0219379		
Date Assigned:	11/12/2015	Date of Injury:	09/14/2011
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/09/2015

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, 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 September 14, 2011. In a Utilization Review report dated October 22, 2015, the claims administrator failed to approve a request for urine toxicology screening. The claims administrator referenced an August 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 8, 2015, urine toxicology testing, additional physical therapy, topical-compounded agent and Tramadol were all endorsed to ameliorate ongoing issues with chronic low back pain while the applicant was placed off of work, on total temporary disability. Drug testing performed on August 19, 2015 did include confirmatory and quantitative testing on multiple different opioids, benzodiazepines, and anti-depressant metabolites. On a September 30, 2015 office visit, the applicant was, once again, placed off of work, on total temporary disability, while physical therapy, Prilosec, Naprosyn, Flexeril, and topical compounded agents were endorsed. Drug testing was again performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for a urine toxicology drug test (AKA urine drug screen) 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 to assess for presence or absence of illegal drugs 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, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, attempt to conform to the best practice of the [redacted] when performing drug testing, and attempt to categorize applicants into higher or lower risk categories for whom more or less frequent drug testing would be indicated. Here, however, the September 30, 2015 office visit at issue made no mention of the applicant's being a higher risk individual for whom monthly drug testing was indicated. The applicant apparently received drug tests on July 8, 2015, August 21, 2015, and September 30, 2015. The attending provider, however, did not state why such frequent drug testing was being performed here. It appeared, moreover, that the drug testing in question included confirmatory and/or quantitative testing, i.e., despite the unfavorable ODG position on the same. The drug testing to include multiple different opioids, benzodiazepines and anti-depressant metabolites did not, moreover, conform to the best practices of the [redacted]. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.