MAXIMUS Federal Services

Case Number:	CM15-0030646		
Date Assigned:	02/24/2015	Date of Injury:	10/08/2011
Decision Date:	05/19/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/18/2015

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 54-year-old who has filed a claim for chronic knee, hand, low back, and wrist pain reportedly associated with an industrial injury of October 5, 2011.In a Utilization Review report dated February 5, 2013, the claims administrator failed to approve a request for urine drug testing. The claims administrator referenced a RFA form received on December 23, 2014 in its determination. The applicant's attorney subsequently appealed. On October 23, 2014, electrodiagnostic testing, manipulative therapy, dietary supplements, lumbar MRI imaging, x-ray imaging of the lumbar spine, x-rays of the hands, topical compounds, naproxen, Prilosec, tramadol, and interpreter services were sought. In an associated progress note of November 20, 2014, the applicant was placed off of work, on total temporary disability. Urine drug testing was proposed. It was not stated when the applicant was last tested. The applicant's complete medication list was not attached. On February 6, 2015, acupuncture, manipulative therapy, and urine drug testing were again endorsed. In an associated progress dated February 12, 2015, the applicant reported ongoing complaints of low back pain, fatigue, insomnia, psychological stress. Various dietary supplements, physical therapy, manipulative therapy, and the urine drug testing in question were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis test for toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the proposed urine drug screen/urine toxicology testing 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, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation when performing drug testing, and 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 tests and/or drug panels were being tested. The attending provider did not clearly identify when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices of the United States Department of Transportation. The applicant's complete medication list was not incorporated into any of the handwritten progress notes, referenced above, including the February 5, 2015 progress note at issue. It was not stated whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.