

Case Number:	CM15-0031401		
Date Assigned:	02/24/2015	Date of Injury:	05/30/2014
Decision Date:	05/06/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 13, 2014. In a Utilization Review report dated February 2, 2015, the claims administrator failed to approve a urine drug screen apparently performed on or around January 8, 2015. A RFA form dated January 23, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 8, 2015, the applicant did undergo drug testing, which included quantitative testing for alcohol metabolites. The testing was positive for alcohol metabolites, it was incidentally noted. Multiple other drugs and/or drug panels were tested, including testing for seven different antidepressant metabolites, approximately 10 different opioids metabolites, approximately 10 different benzodiazepines metabolites, etc. In an associated progress note of January 8, 2015, the applicant was given refills of Norco and a topical compounded medication. The applicant was asked to continue Norflex. The applicant was placed off work, on total temporary disability, owing to ongoing complaints of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective Urine Toxicology Screen DOS: 1/8/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Drug Testing; Criteria for the Use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Online Edition, Pain Chapter; Urine Drug Testing (UDT).

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 request for urine drug testing/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. ODGs 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 categorize the applicant's into higher- or lower-risk categories for which more or less frequent drug testing would be indicated, and clearly identify when an applicant was last tested. Here, the January 8, 2015 progress note did not identify when the applicant was last tested. Non-standard drug testing of multiple different opioids, benzodiazepine and antidepressant metabolites was performed, despite the unfavorable ODG position on such testing. It was not clearly identified when the applicant was last tested. Since several different ODG criteria for pursuit drug testing were not met, the request was not medically necessary.