

Case Number:	CM15-0035248		
Date Assigned:	03/03/2015	Date of Injury:	05/20/1998
Decision Date:	04/08/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 injured worker is a 65 year old female, who sustained an industrial injury on May 20, 1998. The diagnoses have included sprain of neck, lumbago and lumbar strain. A progress note dated February 6, 2015 provided the injured worker complains of neck and left upper extremity pain. Physical exam provides there is cervical spine stiffness, positive Spurling's sign and decreased range of motion (ROM) with tenderness. On February 19, 2015 utilization review non-certified a request for 1 on-site confirmatory analysis with high complexity laboratory test protocols Including: GC/MS, LC/MS, and [REDACTED]. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request: 1 on-site Confirmatory Analysis with high Complexity laboratory test protocols Including: GC/MS, LC/MS, and [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, AND Opioids pp. 77, 78, 86. Decision based on Non-MTUS Citation ODG, Pain section, Urine drug testing, Confirmatory testing.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. The MTUS Guidelines do not address urine confirmatory testing. The ODG states that follow-up testing is only to be used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests, and are typically used when results of a test are contested. These confirmatory drug tests are generally not required when there is no evidence of non-prescribed substances. Confirmatory drug testing should be considered when all sample testing has been negative for prescribed drugs, all positive for non-prescribed opioids, and all samples positive for illicit drugs. In the case of this worker, there was no evidence of her taking an opioid drug or any other drug worth monitoring with testing as such. Also, there was no documentation which suggested the worker had an initial abnormal drug screening test or abnormal behavior suggestive of drug abuse to warrant a confirmatory test. Therefore, the request for 1 on-site Confirmatory Analysis with high Complexity laboratory test protocols including: GC/MS, LC/MS, and [REDACTED] will be considered medically unnecessary, based on the documents provided for review.