

Case Number:	CM15-0082417		
Date Assigned:	05/05/2015	Date of Injury:	01/31/2012
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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 31-year-old who has filed a claim for chronic mid and low back pain (LBP) reportedly associated with an industrial injury of January 31, 2012. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve requests for unspecified "medications" and urine drug testing every three months. The claims administrator referenced a RFA form dated March 23, 2015 and progress notes of March 15, 2015 and February 25, 2015 in its determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain. Norco, fenoprofen, tizanidine, and a 25-pound lifting limitation were endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. On February 20, 2015, drug testing was again endorsed. The same, unchanged, 25-pound lifting limitation was renewed. Once again, it was not clearly stated whether the applicant was or was not working with said limitation in place. In a RFA form dated February 20, 2015, the attending provider stated that he was seeking authorization for urine drug testing every three months. In a bill dated March 9, 2015, the treating provider seemingly billed for individual drug test, including amphetamines, benzodiazepines, methadone, opioids, tramadol, Soma, Ambien, cocaine, PCP, marijuana, etc. The drug testing did, per the treating provider, include "high complexity confirmation testing."

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug analysis every 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing.

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 drug analysis every three months 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 categorize applicants into higher or lower risk categories for whom more or less frequent drug testing would be indicated, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the attending provider did seemingly bill for confirmatory and quantitative testing, despite the unfavorable ODG position on the same. Rationale for such testing was not furnished. The attending provider did not state when the applicant was last tested. The applicant's complete medication list was not attached to the request for testing. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary. Question 2 added after reading ur report and imr application. Please verify with an adjudicator. 2. Similarly, the request for unspecified "medications" was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should tailor medications and dosages to the specific applicant taking into consideration applicant-specific variables such as comorbidities, other medications, and allergies. Here, however, the names, doses, amounts, and quantities of the medications in question were not clearly stated or specified. It was not clearly stated what was sought. Therefore, the request was not medically necessary. Determination: Not medically necessary. References: MTUS Chronic Pain Medical Treatment Guidelines, page 7, Functional Restoration Approach to Chronic Pain Management section.