MAXIMUS Federal Services

Case Number:	CM15-0083715		
Date Assigned:	05/06/2015	Date of Injury:	04/11/2013
Decision Date:	06/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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 43-year-old who has filed a claim for chronic low back, hip, knee, and thigh pain reportedly associated with an industrial injury of April 11, 2013. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for a "urine specimen" / urine drug testing. The claims administrator referenced a progress note of April 16, 2015 and associated April 17, 2015 progress note in its determination. The applicant had undergone earlier knee surgery on April 10, 2015, it was reported. Earlier drug testing of March 12, 2015 was also referenced in the determination. The applicant's attorney subsequently appealed. On April 10, 2015, the applicant underwent right knee arthroscopy, synovectomy, and chondroplasty procedure. On April 7, 2015, Vicodin and work restrictions were endorsed. The applicant was using a cane to move about. Ongoing complaints of knee, leg, and low back pain were noted. Drug testing dated March 12, 2015 did include non-standard drug testing to include approximately 20 different opioid metabolites, 10 different benzodiazepine metabolites, and multiple antidepressant metabolites. Confirmatory and quantitative testing were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine specimen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids- Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation-Pain Procedure Summary Online Version last updated 04/06/2015.

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 a "urine specimen" / urine drug 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, clearly state when an applicant was last tested, and attempt to conform to the best practices of the United States Department of Drug Testing (DOT) when performing drug testing. Here, the attending provider did not clearly state why the applicant was being retested so soon after earlier drug testing in March 2015. The attending provider made no attempt to categorize the applicant into higher or lower-risk categories for whom more or less frequent drug testing would have been indicated. Previous drug testing did suggest that the attending provider was intent on performing non-standard confirmatory and quantitative testing, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.