

Case Number:	CM14-0117025		
Date Assigned:	09/16/2014	Date of Injury:	01/25/2001
Decision Date:	10/20/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic low back pain, sacroiliac joint pain, migraine headaches, and insomnia reportedly associated with an industrial injury of January 25, 2001. Thus far, the applicant has been treated with analgesic medications; long and short-acting opioids; adjuvant medications; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 1, 2014, the claims administrator denied a request for a urine drug screen and alcohol test. The applicant's attorney subsequently appealed. In a June 5, 2014 progress note, the applicant reported highly variable 6-9/10 low back pain; it was stated in one section of the report. In another section of the report, it was stated that the applicant's pain complaints ranged from 5-7/10. The applicant denied any alcohol or illicit drug use; it was stated in the social history section of the report. Fentanyl, Oxycodone, and Tegaderm patches were endorsed. Urine drug screen was apparently obtained; however, the attending provider did not state what drug tests and/or drug panels were obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 04/10/2014; 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 Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: 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. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, identify when the last time an applicant was tested, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. In this case, however, the attending provider did not state what drug tests and/or drug panels he intended to test for. The attending provider did not state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were seemingly not met, the request was not medically necessary.

Alcohol testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 04/10/2014; Urine Drug Testing (UDT); Main types of UDT:

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: 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. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, however, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider did not state whether or not the alcohol testing at issue included confirmatory and/or quantitative testing, nor did the attending provider identify when the applicant was last tested. Since several ODG criteria for pursuit of drug/alcohol testing were seemingly not met, the request was not medically necessary.