

Case Number:	CM14-0125986		
Date Assigned:	08/13/2014	Date of Injury:	10/08/2010
Decision Date:	10/08/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/08/2014

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] insured who has filed a claim for chronic low back and hip pain with derivative complaints of hypertension and depression reportedly associated with an industrial injury of October 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; epidural steroid injection therapy; and muscle relaxants. In a Utilization Review Report dated July 22, 2014, the claims administrator denied a request for quantitative and confirmatory drug testing apparently ordered in June 2014. The applicant's attorney subsequently appealed. In a January 10, 2014 medical-legal evaluation, the applicant was described as having a pain disorder with both psychological and medical factors with resultant Global Assessment of Functioning (GAF) 63. On September 6, 2013, the applicant was described as having ongoing complaints of chronic low back pain, hypertension, and depression. On June 9, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Flexeril for pain relief. The applicant is asked to continue the same. Urine drug testing was endorsed. Flexeril was renewed. The applicant's complete medication list was not attached. It was not stated what drug tests were being performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology quantitative and confirmatory screening QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Drug Testing. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary last updated 06/10/2014; Urine Drug Testing (UDT)

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

Decision rationale: While page 43 in 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 the ODG's Chronic Pain Chapter Urine Drug Testing Topic, the attending provider should clearly state what drug tests and/or drug panels he intends to test for, identify when an applicant was tested, attempt to conform to the best practices of United States Department of Transportation (DOT) when performing 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 when the applicant was last tested. The attending provider did not attach the applicant's medication list to the request for authorization for testing. The attending provider did not state what drug tests and/or drug panels he was performing. The attending provider apparently signaled his intent to perform quantitative and confirmatory testing, despite the unfavorable ODG position on the same. No specific rationale for the quantitative and confirmatory testing was proffered, although said testing was being performed in the clinic testing as opposed to the emergency department setting. Since several ODG criteria for performance of drug testing were not met, the request is not medically necessary.