

Case Number:	CM14-0187550		
Date Assigned:	11/17/2014	Date of Injury:	08/18/1991
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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], who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 18, 1991. In a Utilization Review Report dated October 20, 2014, the claims administrator conditionally approved/partially approved a request for urine drug testing and subsequent testing every 90 days, as one (1) set of qualitative drug testing. The claims administrator stated that its decision was based on an October 13, 2014 progress note and associated RFA form. The applicant's attorney subsequently appealed. In an RFA form dated October 13, 2014, the attending provider sought authorization for drug testing via a 5-page form. It was not clearly stated what drug testing and/or drug panels were being tested for and/or when the applicant was last tested. In a progress note of same date, October 13, 2014, the applicant presented with primary complaint of chronic low back pain status post earlier lumbar spine surgery. A 5/10 pain was reported. The applicant was using Ambien, Flexeril, Mobic, and Norco, it was acknowledged. Drug testing was ordered. The exact composition of the drug screen, however, was not outlined. Multiple medications were refilled. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline Urine Drug Screen; every (90) days and/or every (3) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation ODG-TWC Drug testing (UDT)

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

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. ODGs Chronic Pain Chapter urine drug testing topic, however, stipulates that an attending provider state which drug tests and/or drug panels he is testing for, attach the applicant's complete medication list to the Request for Authorization (RFA) for testing, identify when the applicant was last tested, classify an applicant into higher-or-lower risk categories for which more or less frequent drug testing might be indicated, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. Here, however, the attending provider did not clearly state what drug tests and/or drug panels are being sought. The attending provider did not identify when the applicant was last tested. The attending provider did not make any attempt to classify the applicant into higher-or lower-risk categories for which more or less frequent testing would be indicated. Since several ODG criteria for specific drug testing were not met, the request is not medically necessary.