

Case Number:	CM14-0200932		
Date Assigned:	12/11/2014	Date of Injury:	05/21/2013
Decision Date:	01/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 May 21, 2013. In a Utilization Review Report dated November 21, 2014, the claims administrator denied a request for urine drug testing, apparently performed either on November 10, 2014 or November 7, 2014. The claims administrator did, it is incidentally noted, referenced sections of the labor code in its denial, along with MTUS and non-MTUS guidelines. The applicant's attorney subsequently appealed. On September 5, 2014, the applicant reported persistent complaints of low back and left leg pain. The applicant apparently tried and failed to a return to work trial in the past, but stated that he was again intent on returning to work on a trial basis on September 19, 2014. A 15-pound lifting limitation was endorsed through September 18, 2014. It was stated that the applicant would return to regular duty work effective September 19, 2014. The applicant was using Norco and Lidoderm for pain relief. The applicant's complete medication list was not, however, provided. On August 11, 2014, the attending provider sought authorization for functional restoration program. It was stated that the applicant was receiving Norco from another provider. In an October 28, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant was using Norco six tablets daily. The applicant was apparently struggling to perform his job tasks. The attending provider suggested that the applicant enroll in a functional restoration program to try and reduce his opioid consumption. The applicant was nevertheless given refills of Norco and Prozac. The applicant was apparently working while riding in a wheelchair, it was stated. On June 30, 2014, the applicant did receive drug testing. Confirmatory and quantitative testings were performed on multiple opioids metabolites, including morphine, hydrocodone, hydromorphone, and

norhydrocodone. Multiple different opioid, benzodiazepine, and barbiturate metabolites were tested for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro-Active Request for Authorization for Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation ODG, Pain Chapter, 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 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. ODG's Chronic Pain Chapter Urine Drug Testing Topic, however, stipulates that an attending provider attach an applicant's complete medication list with 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, attempt to classify applicant's into higher- or lower-risk categories for which more or less frequent testing would be indicated, and attempt to conform to the best practice to the United States Department of Transportation (DOT) to perform drug testing. Here, however, the attending provider has seemingly performed confirmatory and/or quantitative testing in the past. No rationale for the same was provided. Multiple progress notes, referenced above, did not contain the applicant's complete medication list. 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 pursuit of drug testing were not met, the request was not medically necessary.