

Case Number:	CM14-0210316		
Date Assigned:	12/23/2014	Date of Injury:	06/24/1999
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Ohio, 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 [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of June 24, 1999. In a Utilization Review Report dated December 5, 2014, the claims administrator denied a request for urine drug testing. The claims administrator referenced a progress note dated November 20, 2014 in its determination. The applicant's attorney subsequently appealed. On said November 20, 2014 progress note, the applicant reported multifocal complaints of neck pain, bilateral shoulder pain, bilateral knee pain, low back pain, and right lower extremity pain. The applicant was status post earlier neck surgery. The applicant was status post earlier lumbar epidural steroid injection therapy. The applicant was using Norco and Soma for pain relief. Urine drug testing was endorsed, to be performed in the next office visit. Soma and Norco were renewed. It was not stated when urine drug testing was last performed. On September 23, 2014, the applicant reported 6/10 pain. Lumbar MRI was pending. The applicant was reportedly continuing to receive manipulative therapy. The applicant was no longer working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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, notes that an attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. Here, the attending provider did not clearly state when the applicant was last tested. The attending provider did not clearly state what drug tests and/or drug panels he intended to test for. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.