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| Case Number: | CM14-0212040 | | |
| Date Assigned: | 01/02/2015 | Date of Injury: | 02/05/2007 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 11/22/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 5, 2007. In a utilization review report dated November 12, 2014, the claims administrator denied a urine drug screen performed on November 11, 2014, noting that the applicant had had earlier drug testing on May 20, 2014, July 18, 2014, and October 14, 2014. A comprehensive metabolic panel was denied. The claims administrator referenced a November 11, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On December 9, 2014, the applicant reported ongoing complaints of hand, shoulder, thumb, and low back pain, 6-7/10 with medications versus 9/10 without medications. The applicant had undergone earlier cervical fusion surgery, it was incidentally noted. The applicant had received drug testing on August 15, 2014 and on October 14, 2014, it was stated. The applicant's medication list included Xanax, Norco, MiraLAX, Prilosec, Naprosyn, and Zolof. The applicant was given refills of Elavil and Norco. Behavioral therapy was endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. On November 11, 2014, the applicant again reported ongoing complaints of neck and shoulder pain status post shoulder injection therapy, epidural steroid injection therapy, earlier right shoulder surgery, and earlier cervical fusion surgery. The applicant's medication list included Norco, Xanax, MiraLAX, Prilosec, Naprosyn, and Zolof. Multiple medications were renewed. A 10-pound lifting limitation was again endorsed. Once again, it did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for UDS performed on 11/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 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 should attempt to classify applicants in the higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, no such attempt was made to categorize the applicant into a higher- or lower-risk categories for which more or less frequent drug testing would have been indicated. It was not clearly stated why a repeat drug testing was needed on November 11, 2014, shortly after prior drug testing of July 18, 2014, August 15, 2014, and October 14, 2014. ODG also suggested that an attending provider eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context and clearly state which drug tests and/or drug panels he intends to test for. Here, however, the attending provider did not state which drug tests and/or drug panels he intended to test for, nor did the attending provider state why such frequent drug testing was being performed here. Since several ODG criteria for pursuit of drug testing were not meet, the request was not medically necessary.

CMP: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug Lists, and Adverse Effects Topic. Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic laboratory monitoring to include a CBC and chemistry profile is recommended in applicants using NSAIDs. Here, while the applicant is not using NSAIDs, the applicant is, however, using a variety of medications also processed in liver and kidneys, including Norco, Xanax, Zoloft, etc. By analogy, testing of the applicant's renal and hepatic function to ensure that the applicant's present levels of renal and hepatic function are compatible with currently prescribed medications was/is indicated. Therefore, the request was/is medically necessary.

