

Case Number:	CM14-0213763		
Date Assigned:	12/31/2014	Date of Injury:	09/18/2013
Decision Date:	03/03/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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 mid and low back pain reportedly associated with an industrial injury of September 18, 2013. In a Utilization Review Report dated December 8, 2014, the claims administrator retrospectively denied a "full panel" drug screen performed on December 1, 2014. The applicant's attorney subsequently appealed. On September 8, 2014, the applicant did receive drug testing which apparently included testing for approximately 10 different benzodiazepine metabolites and 10 different opioid metabolites. The drug test was negative for all items in the panel. On September 8, 2014, the applicant presented with persistent complaints of low back and left hip pain, 8/10. The applicant was off of work, on total temporary disability, it was acknowledged, owing to the fact that the applicant's employer was unable to commit suggested limitations. Epidural steroid injection therapy, physical therapy, Celebrex, tramadol, and Lidoderm were endorsed, along with a rather proscriptive 20-pound lifting limitation which was, in a fact, resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective QW full panel drug screen, DOS: 12/1/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

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

Decision rationale: 1. No, the "full panel" drug screen performed on December 1, 2014 was not medically necessary, medically appropriate, or indicated here. 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 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 which drug tests and/or drug panels he intended to test for, attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative drug testing outside of the emergency department drug overdose context, and attempt to conform to the best practices of the [REDACTED] when performing drug testing. Here, the attending provider did not furnish any compelling rationale for selection of a 'full-panel' drug test. It was not clearly stated why the applicant needed to undergo non-standard drug testing for multiple different opioid, benzodiazepine, antidepressant, and barbiturate metabolites. Such non-standard testing did not conform to the best practices of the [REDACTED]. Therefore, the request was not medically necessary.