

Case Number:	CM14-0056676		
Date Assigned:	07/09/2014	Date of Injury:	10/21/2005
Decision Date:	05/28/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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, New York, 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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 21, 2005. In a utilization review report dated April 15, 2014, the claims administrator failed to approve a urine drug screen. The claims administrator referenced a progress note dated March 28, 2014 in its determination. The claims administrator suggested that the applicant's treating providers were ordering urine drug testing more frequently than was advisable. The applicant's attorney subsequently appealed. On November 17, 2014, Flexeril, Colace, and Norco were prescribed for ongoing complaints of neck and low back pain, 9/10. A topical compounded cream was also endorsed. Urine drug testing was proposed. It was not clearly stated when the applicant was last tested. On October 6, 2014, Norco, Flexeril, Colace, and drug testing were again proposed. Once again, it was not stated which drug tests and/or drug panels were being tested. Drug testing dated October 22, 2014, did include testing for approximately 7 to 10 different opioid metabolites, 10 different phenothiazine metabolites, and 7 different benzodiazepine metabolites. A separate drug test report dated October 20, 2014 included confirmatory and quantitative testing on multiple different opioid metabolites, including hydrocodone, hydromorphone, and norhydrocodone.

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. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009) page 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic)Urine drug testing (UDT).

Decision rationale: No, the urine drug screen 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 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 to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to categorize applicants into higher or lower risk categories for whom more or less frequent drug testing would be indicated, etc. Here, however, the attending provider made no attempt to categorize the applicant into higher or lower risk categories for whom more or less frequent drug testing would have been indicated. The attending provider did perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. The attending provider's testing of multiple different opioid, phenothiazine, and benzodiazepine metabolites ran counter to the best practices of the United States Department of Transportation (DOT). Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.