MAXIMUS Federal Services

Case Number:	CM15-0018497		
Date Assigned:	02/06/2015	Date of Injury:	05/30/2005
Decision Date:	03/26/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

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 42-year-old [redacted] beneficiary who has filed a claim for complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of May 30, 2005. In a Utilization Review Report dated January 3, 2015, the claims administrator failed to approve a request for comprehensive drug screen apparently performed on November 10, 2014. The applicant's attorney subsequently appealed. On November 10, 2014, the applicant did undergo comprehensive drug screening, which included confirmatory and quantitative testing for multiple different compounds, including multiple different opioid metabolites, including oxycodone, oxymorphone, noroxycodone, nortriptyline, amitriptyline, and cotinine. No clinical progress notes were attached to the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Comprehensive drug screen (11/10/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 M. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: No, the comprehensive drug testing performed on November 10, 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 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 attach the applicant's complete medication list to the request for authorization for testing, further notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and also suggesting that attending provider attempt to conform to the best practice of the United States Department of Transportation when performing drug testing. Here, however, the attending provider did not clearly state what drug tests and/or drug panels were being tested for. Here, however, the attending provider went on to perform non-standard, confirmatory, and quantitative testing on multiple different opioid and antidepressant metabolites, despite the unfavorable ODG's position on the same. The attending provider did not attach the applicant?s complete medication list to the request for authorization for testing. The attending provider did not state why nonstandard testing which did not conform to the best practice of the United States Department of Transportation was being performed here. The attending provider did not clearly interpret the results of the drug testing. Since multiple ODG criteria for pursuit of the drug testing were not met, the request was not medically necessary.