

Case Number:	CM15-0112107		
Date Assigned:	06/18/2015	Date of Injury:	11/02/2014
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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, 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 64-year-old who has filed a claim for chronic neck, shoulder, arm, hand, wrist, and low back pain reportedly associated with an industrial injury of November 2, 2014. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve retrospective request for multiple urine toxicology screens and associated confirmatory studies. The applicant's attorney subsequently appealed. On January 3, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of low back and shoulder pain. Physical therapy, acupuncture, lumbar MRI imaging, and electrodiagnostic testing of the bilateral upper and bilateral lower extremities were sought. A TENS-interferential unit device was also proposed. Multiple topical compounds were dispensed on February 4, 2015. Urine drug testing was performed on this date. The applicant's complete medication list was not, however, detailed, nor was it stated which drug tests and/or drug panels were being tested for. On March 11, 2015, the applicant did undergo drug testing. A custom panel was also performed, the treating provider acknowledged, which included testing for approximately 20 different opioid metabolites and 10 different benzodiazepine metabolites. Confirmatory and quantitative testing was performed on hydrocodone, hydromorphone, and numerous other opioid metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine toxicology screen and confirmations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

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 request for retrospective urine toxicology screening (AKA urine drug testing) and associated confirmation 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. ODGs 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, clearly state which drug tests and/or drug panels he intends to test for and why, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did perform confirmatory and/or quantitative testing, on multiple occasions, despite the unfavorable ODG position on the same. The applicant's medication list was not detailed on multiple progress notes, referenced above. The attending provider made no attempt to categorize the applicant into higher- or lower-categories for whom more or less frequent drug testing would have been indicated. The attending provider also performed drug testing which included testing of multiple different opioid and benzodiazepine metabolites. Such testing did not, however, conform to the best practices of the United States Department of Transportation. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.