

Case Number:	CM15-0116776		
Date Assigned:	06/24/2015	Date of Injury:	07/30/2004
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 30, 2004. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve a request for quarterly serum drug testing. Somewhat incongruously, the claims administrator seemingly construed the request as a request for urine drug testing and invoked guidelines on the same. The claims administrator referenced a May 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant had undergone an earlier failed lumbar fusion surgery and earlier failed spinal cord stimulator intrathecal pain pump trials. The applicant was on Norco and Prilosec, it was reported. The intrathecal pain pump was apparently reprogrammed and/or refilled in the clinic setting. The applicant was described as having moderate-to-severe impairment. Serum toxicological analysis was endorsed while the applicant's permanent work restrictions were renewed. The note was very difficult to follow and comprised, in large part, of various citations, including legal citations and FDA citations, with comparatively little applicant-specific information furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Drug Screen x4 a year: 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): 43. Decision based on Non-MTUS Citation ACOEM, 3rd ed., Opioids Guideline Diagnostics And Monitoring, pg 136.

Decision rationale: No, the request for serum drug screening four times a year 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 context present here, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The Third Edition ACOEM Guidelines Opioids Chapter notes that drug testing most commonly measures drugs or their metabolites, in urine or hair. ACOEM further notes that urine is the most commonly assayed specimen. The attending provider did not, thus, furnish a rationale for quarterly serum drug testing in favor of the more conventional urine drug testing espoused by ACOEM. The attending provider did not state how serum drug testing would influence or alter the treatment plan. The attending provider did not state how the proposed serum drug testing would influence or alter his prescribing practices. Therefore, the request was not medically necessary.