

Case Number:	CM15-0124407		
Date Assigned:	07/08/2015	Date of Injury:	07/25/2012
Decision Date:	08/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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 foot, ankle, and heel pain reportedly associated with an industrial injury of July 25, 2012. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for urine toxicology testing (AKA urine drug testing) reportedly requested via an RFA form and associated progress note of June 2, 2015. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant reported ongoing complaints of foot pain, 5/10, exacerbated by standing and walking. Work restrictions were endorsed. The applicant's medications were not detailed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. In an associated RFA form of June 2, 2015, urine toxicology testing was sought, the components of which were not clearly described or clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology/urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test.

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) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for urine toxicology screening/urine drug screening 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, stipulate that an attending 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 what drug tests 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 applicant's complete medication list was not detailed on June 2, 2015 progress note or associated RFA form of the same date. It was not stated when the applicant was last tested. The attending provider did not state which drug tests or drug panels he intended to test for. The attending provider did not signal his intention to adhere to the best practices of the United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.