

Case Number:	CM15-0162241		
Date Assigned:	08/28/2015	Date of Injury:	05/14/2014
Decision Date:	11/09/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/18/2015

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 54-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 14, 2014. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for a full panel drug screen apparently ordered on August 3, 2015. The applicant's attorney subsequently appealed. On September 14, 2015, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of neck pain status post earlier cervical spine surgery in May 2015. Tramadol and Flexeril were renewed while the applicant was kept off of work. On an RFA form dated August 4, 2015, the attending provider sought retrospective authorization for the drug screen in question as well as a Toradol injection, also performed on August 3, 2015. The attending provider also sought authorization for cyclobenzaprine, tramadol, Norco, and 12 sessions of physical therapy. In an associated progress note dated August 3, 2015, the applicant was placed off of work, on total temporary disability. Drug testing was seemingly sought while tramadol, Norco, and Flexeril were renewed. The drug testing order of August 4, 2015 did suggest that the attending provider was ordering a "custom profile" drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full Panel Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for a full-panel drug screening was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option to assess for the presence or absence of illegal drugs 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 a 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 applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not clearly stated when the applicant was last tested. While the attending provider refilled various medications including Norco, tramadol, and Flexeril on or around the date in question, the attending provider did not, however, state whether the applicant was using other medications above and beyond those renewed on the date of service. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation. There is no mention whether the applicant was a higher- or a lower-risk individual for whom more or less frequent drug testing would be indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.