

Case Number:	CM15-0170231		
Date Assigned:	09/10/2015	Date of Injury:	11/21/1999
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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 60-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of November 21, 1999. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for urine drug screen to include a urinary creatinine assay. The claims administrator referenced a July 28, 2015 RFA form in its determination. The drug test in question was apparently performed on June 22, 2015, it was suggested in the UR report. The applicant's attorney subsequently appealed. On June 22, 2015, the applicant did undergo drug testing. Confirmatory and quantitative testing were seemingly performed. Drug testing did include non-standard drug testing of multiple different opioids, benzodiazepine, and antidepressant metabolites. In an associated progress note of June 22, 2015, the applicant reported ongoing complaints of foot and ankle pain. The applicant was using Tylenol with Codeine for pain relief. 7/10 pain complaints were reported. The applicant was reportedly working as a sales man in a flea market, it was reported. Tylenol No. 3 and Prilosec were endorsed. Drug testing was endorsed. The applicant was returned to work. It was not stated when the applicant was last tested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: 1 urine drug screen to include assay of urine creatinine (DOS 6/22/2015):
 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 urine drug testing to include a urinary creatinine assay was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option in the chronic pain population to assess for the presence or absence of illicit drugs, 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, 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 when an applicant was last tested, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, non-standard drug testing to include testing for multiple different opioids, benzodiazepines, and antidepressant metabolites was performed. Confirmatory and quantitative testing were likewise performed. It was not stated when the applicant was last tested. There was no mention of the applicant's being a higher- or lower-risk individual for whom more or less frequent drug testing would have been 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.