

Case Number:	CM15-0171293		
Date Assigned:	09/11/2015	Date of Injury:	06/01/2000
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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 63-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression reportedly since June 1, 2000. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for urine drug testing performed on June 16, 2014. The claims administrator cited a June 16, 2014 progress note in its determination. The applicant's attorney subsequently appealed. Drug testing performed on June 16, 2014 was reviewed and did include quantitative testing on certain opioid metabolites, include hydrocodone and hydromorphone. In an associated progress note of the same date June 16, 2014, the applicant reported ongoing complaints of low back pain with derivative complaints of depression. The applicant was given refills and/or asked to continue Norco, Cymbalta, Elavil, and Flexeril. The applicant was working three days a week, it was stated in one section of the note and was performing home exercises, suggested in one section of the note. In another section of the note, somewhat incongruously, however, it was stated that the applicant was not doing exercise on a regular basis. The applicant's complete medication list was not seemingly detailed. 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:

Urine Drug Screen (Retrospective DOS 06-16-2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Drug testing.

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 screen (AKA urine drug testing) performed on June 16, 2014 was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option in the chronic pain population, to assess for the presence or absence of illegal 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 which drug tests and drug panels he intends to test for and why, attempt to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, while the attending provider asked the applicant to continue Flexeril, Elavil, Cymbalta, and Norco on June 16, 2014, the attending provider did not state whether or not the applicant was or was not using other medications, and/or represented these medications represent the applicant's medication list. Confirmatory and quantitative testing were performed on June 16, 2014, despite the unfavorable ODG position on the same. Since multiple ODG Criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.