

Case Number:	CM15-0171300		
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) reportedly associated with an industrial injury of June 1, 2000. In a Utilization Review report dated August 4, 2015, the claims administrator retrospectively denied a urine drug screen performed on April 14, 2015. The claims administrator also referenced progress note of the same date in its determination. The applicant's attorney subsequently appealed. On April 14, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was on Norco and Lidoderm, it was reported. The applicant was reportedly working on part-time basis despite ongoing complaints of low back pain and ancillary complaints of depression, it was reported. Multiple medications were renewed and/or continued. Drug testing was performed. The drug testing April 14, 2015 did include drug testing of multiple different opioid and benzodiazepine metabolites. Confirmatory and quantitative testing was performed on several substances.

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 04/14/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Urine Drug Testing (UDT); Opioids.

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 performed on April 14, 2015 is 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 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 when an applicant was last tested in attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent testing would be indicated. Here, however, the attending provider's April 14, 2015 progress note did not clearly state when the applicant was last drug tested. Confirmatory and quantitative testing were preformed, despite given favorable ODG position on the same. There was no mention whether the applicant was a higher- or lower-risk individual for whom more or less frequent 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 is not medically necessary.