

Case Number:	CM15-0171492		
Date Assigned:	09/11/2015	Date of Injury:	08/31/2011
Decision Date:	10/22/2015	UR Denial Date:	08/05/2015
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 57-year-old who has filed a claim for chronic low back, shoulder, wrist and knee pain reportedly associated with an industrial injury of August 31, 2011. In a Utilization Review report dated August 5, 2015, the claims administrator failed to approve a request for a urine drug screen. The claims administrator referenced a July 20, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On said July 20, 2015 progress note, the applicant reported ongoing complaints of low back, shoulder, and wrist pain, 5-7/10. Prilosec, Flexeril, and permanent work restrictions were renewed. Drug testing was sought. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. There was no mention when the applicant was last tested on this date. Earlier drug testing performed on February 20, 2015 did include testing of multiple different opioid, benzodiazepine, and antidepressant metabolites. Quantitative testing was performed in certain circumstances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine 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 urine drug screen 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 in the chronic pain population to address 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. ODGs 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, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, while several medications were renewed on the July 20, 2015 office visit, it was not clearly stated that the ibuprofen, omeprazole, and the cyclobenzaprine renewed on that date in fact represented the totality of the medications the applicant was using. It was not clearly stated when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Historical drug testing performed on February 20, 2015 did include nonstandard drug testing to include multiple different opioid, benzodiazepine, and antidepressant metabolites. Such testing, thus, was at odds with the best practices of the United States Department of Transportation. There was no mention whether the applicant was 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 medically necessary.