

Case Number:	CM15-0173799		
Date Assigned:	10/07/2015	Date of Injury:	10/06/1995
Decision Date:	11/19/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/03/2015

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 41-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 6, 1995. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for a urine drug screen while conditionally denying Norco. The claims administrator referenced an RFA form received on July 13, 2015 and an associated progress note dated June 29, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 29, 2015, the applicant reported ongoing complaints of neck pain. The applicant was no longer working. The attending provider contended that the applicant's ability to cook, bathe, and do laundry in unspecified amounts had been ameliorated as a result of ongoing medication consumption. The applicant's medications included Norco, Xanax, and tizanidine. Multiple medications were renewed and/or continued. Drug testing was performed. The attending provider apparently stated that the applicant was looking for work elsewhere.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine 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.

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 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/or drug panels he intends to test for, attempt to conform to the best practices of the [REDACTED] when performing drug testing, and categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, the attending provider did not seemingly state when the applicant was last tested. There was no mention of whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices of the [REDACTED] [REDACTED] when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.