

Case Number:	CM15-0046193		
Date Assigned:	03/18/2015	Date of Injury:	01/31/2011
Decision Date:	05/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low pain reportedly associated with an industrial injury of January 31, 2011. In a Utilization Review report dated February 12, 2015, the claims administrator denied a request for laboratory service in the form of a urine drug screen. On February 20, 2014, the applicant reported ongoing complaints of low back and knee pain. Protonix, Flexeril, Naprosyn, Norco, and several topical compounded medications were endorsed, along with urine toxicology testing in question. The applicant's work status was not furnished. In an earlier note dated December 3, 2013, the applicant again reported ongoing complaints of low back and knee pain. The applicant was given prescriptions for and/or asked to continue tramadol, Flexeril, Vicodin, Protonix, and several topical compounded medications. Drug testing was again endorsed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The Chronic Pain Medical Treatment Guidelines does report intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The Official Disability Guidelines stipulates that an attending provider attach an applicant's complete medication list to the request for authorization of testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to categorize the applicants into higher-or lower-risk categories for which more or less frequent drug testing would be indicated, etc. Here, however, the attending provider did not signal his intention to eschew confirmatory and/or quantitative testing. The attending provider made no attempt to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. The results of previous drug testing were not furnished. Therefore, the request was not medically necessary.