

Case Number:	CM15-0065193		
Date Assigned:	04/13/2015	Date of Injury:	01/17/2014
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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 44-year-old who has filed a claim for chronic neck, low back, foot, and ankle pain reportedly associated with an industrial injury of January 17, 2014. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for urine drug testing with associated drug specimen collection. A progress note of March 6, 2015 and drug testing of January 19, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 6, 2015, the applicant reported ongoing complaints of neck, low back, ankle, and foot pain. The applicant had undergone an earlier ORIF surgery. The applicant had also issues with superimposed lower extremity polyneuropathy and insomnia, it was stated. In one section of the note, it was stated that the applicant was working. At the bottom of the report, the applicant was given a 20-pound lifting limitation. Motrin, Neurontin, and drug testing were seemingly endorsed. The applicant had received earlier drug testing on January 19, 2015, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine sample collected and sent to lab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement; Criteria for use of Opioids; Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing.

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: No, the request for a "urine sample collected and sent to lab" was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support 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. 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, and attempt to categorize applicants into higher-or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the applicant's complete medication list was not seemingly attached to the request for authorization for 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 have been indicated. It was not stated why drug testing was being proposed so soon after the applicant had recently received drug testing on January 19, 2015. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.