

Case Number:	CM15-0078550		
Date Assigned:	04/29/2015	Date of Injury:	06/18/2012
Decision Date:	05/28/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/24/2015

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 51-year-old who has filed a claim for chronic neck, wrist, mid back, and shoulder pain reportedly associated with an industrial injury of June 18, 2012. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for a urine drug screen. The claims administrator referenced a January 14, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On September 24, 2014, Neurontin, Prilosec, and Motrin were renewed. Ongoing complaints of neck pain were reported. The applicant had an electro-diagnostically confirmed cervical radiculopathy, it was further reported. The applicant's complete medication list was not, however, detailed. Drug testing of March 10, 2015 did include confirmatory and quantitative testing on multiple different opioid and benzodiazepine metabolites. In a March 11, 2015 progress note, the applicant reported 7/10 pain with medications versus 9/10 pain without medications. The applicant reported issues with sleep disturbance. Neurontin, Prilosec, and Motrin were endorsed. Urine drug testing was also performed.

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 Treatment Guidelines 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 drug screen 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, attempt to categorize the applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated, etc. Here, however, the attending provider did not clearly state when the applicant was last tested. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. While the attending provider did renew three medications on the date in question, the attending provider did not, explicitly stated whether the applicant was or was not taking other medications from other providers. The attending provider did not state why confirmatory and/or quantitative testings were in fact performed despite the unfavorable ODG position on such testing. There was no attempt made to categorize the applicant into higher or lower-risk categories. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.