

Case Number:	CM15-0092091		
Date Assigned:	05/15/2015	Date of Injury:	10/31/2012
Decision Date:	06/30/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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 pain syndrome reportedly associated with an industrial injury of October 31, 2012. In a Utilization Review report dated April 6, 2015, the claims administrator denied a urine drug screen apparently ordered on or around February 4, 2015. The applicant's attorney subsequently appealed. In a work status report dated March 11, 2015, the applicant was apparently returned to regular duty work. In an associated progress note of the same date, ongoing complaints of hand and foot pain were reported. The note was quite difficult to follow and not altogether legible. Naproxen, Prilosec, Flexeril, and Neurontin were endorsed in conjunction with topical LidoPro. On March 4, 2015, the attending provider appealed the previously denied drug screen and topical LidoPro. The attending provider did not, however, state which drug tests and/or drug panels he had tested for. In an RFA form dated February 4, 2015, naproxen, Prilosec, LidoPro, Flexeril, Neurontin, acupuncture, physical therapy, and urine drug testing were endorsed. It was not stated whether this represented the entirety of the applicant's medications or whether the applicant was using other medications. The drug test in question was apparently negative for all 14 items in the panel. A supplemental Medical-legal report dated January 20, 2015 suggested that the attending provider was in fact performing quantitative drug testing on multiple different drug metabolites.

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 Opioids Page(s): 77-80; 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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. 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 United States Department of Transportation when performing testing, and clearly identify when an applicant was last tested. Here, however, it was not clearly stated when the applicant was last tested. The attending provider did seemingly perform confirmatory and quantitative testing, despite the unfavorable ODG position on the like. The quantitative testing for multiple drug metabolites does not seemingly conform to the best practices of United States Department of Transportation (DOT). Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.