

Case Number:	CM15-0093750		
Date Assigned:	06/08/2015	Date of Injury:	12/06/2014
Decision Date:	07/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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 55-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of December 6, 2014. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve a request for a urine toxicology screen (AKA urine drug screen). The claims administrator referenced a RFA dated April 20, 2015 in its determination. The applicant's attorney subsequently appealed. In an April 16, 2015 progress note, the applicant reported ongoing complaints of knee pain. The applicant was using Keratek analgesic gel and tramadol for pain relief. The applicant had issues with knee arthritis, it was reported. Urine drug testing, total knee arthroplasty, DVT machine, CPM device, walker, and tramadol were endorsed. The attending provider did not state what drug tests and/or drug panels he was testing for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 toxicology screen (AKA urine drug test) 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, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and should attempt to categorized applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly state what drug tests and/or drug panels he intended to test for. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not state when the applicant was last tested. The attending provider did not categorize the applicant into higher- or lower-risk category for whom more or less frequent drug testing would have been indicated. It was not clear when the applicant was last tested. The attending provider neither signaled his intention to conform to the best practices of United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.