

Case Number:	CM15-0098196		
Date Assigned:	05/29/2015	Date of Injury:	02/15/2002
Decision Date:	07/02/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/21/2015

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 73 year old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 15, 2002. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for urine drug testing. The claims administrator referenced a February 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 15, 2015, the applicant reported ongoing complaints of hand and wrist pain with associated weakness about the same, 7/10. The applicant was placed off of work, on total temporary disability. The applicant was asked to continue Norco and Colace while remaining off of work, on total temporary disability. The applicant's complete medication list was not, however, detailed. Medical transportation to and from appointments was sought. On February 26, 2015, the applicant again reported multifocal complaints of low back, wrist, and shoulder pain. The applicant was using Norco at a rate of six tablets a day, it was reported. The applicant had comorbid diabetes. The applicant was reportedly using insulin, Synthroid, glipizide, Plavix, Lyrica, Norvasc, tramadol, TriCor, aspirin, Victoza, and Lopressor. Drug testing was apparently performed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

U/A tox screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

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 testing) 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, clearly state when an applicant was last tested, and attempt to categorize 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 when the applicant was last tested. The attending provider neither signaled his intention to confirm to the best practices of the United States Department of Transportation (DOT), nor signaled his intention to eschew confirmatory and/or quantitative testing here. No attempt was made to categorize the applicants into higher or lower risk categories for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.