

Case Number:	CM14-0146312		
Date Assigned:	09/18/2014	Date of Injury:	03/05/2013
Decision Date:	10/20/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic neck and low back pain with derivative complaints of anxiety, depression, insomnia, and headaches reportedly associated with an industrial injury of March 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounded creams; and various interventional spine procedures. The claims administrator apparently denied a request for a urine drug screen through the Utilization Review process. The applicant's attorney subsequently appealed. In a July 16, 2014 progress note, the applicant was apparently given a prescription for Norco, Naprosyn, Ambien, Prilosec, Flexeril, and two separate topical compounded drugs owing to ongoing complaints of neck, shoulder, and low back pain. The applicant's work status was not clearly stated. Urine drug testing was performed. The attending provider did not, however, state what drug tests and/or drug panels were being sought. The applicant was placed off of work, on total temporary disability, via chiropractic progress notes of March 4, 2014 and April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review - Urine Drug Screen (DOS 7/16/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation - Pain Procedure Summary, 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 Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: No, the 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. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, identify when the last time an applicant was tested, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. In this case, however, the attending provider did not state when the applicant was tested. The attending provider did not state what drug tests and/or drug panels were being sought. The attending provider made no attempt to try and stratify the applicant into higher- or lower-risk categories for which more or less frequent testing would be indicated. Therefore, the request was not medically necessary.

Prospective review - Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation - Pain Procedure Summary, 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 Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: Similarly, the request for prospective urine drug testing is likewise 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. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he is testing for and attempt to stratify an applicant into higher-risk or lower-risk categories for which more or less frequent testing would be indicated. In this case, however, the attending provider did not clearly state why the applicant needed drug testing so soon after drug testing was apparently performed on July 16, 2014. It was not clearly stated what drug tests and/or drug panels were being sought. Since several ODG criteria for pursuit of drug testing were seemingly not met, the request is not medically necessary.