

Case Number:	CM14-0148074		
Date Assigned:	09/18/2014	Date of Injury:	01/16/2007
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/11/2014

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] Deputy sheriff who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 16, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; multiple prior knee surgeries, ultimately culminating in a total knee arthroplasty of December 9, 2013; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated August 15, 2014, the claims administrator denied a request for a urine drug screen, in an eight-page Utilization Review Report which is quite difficult to follow. The applicant's attorney subsequently appealed. In an August 6, 2014 progress note, the applicant reported 4-6/10 low back and knee pain. The applicant was reportedly using Norco, Soma, and Celebrex. The applicant was not working with permanent limitations in place. A urine drug screen was endorsed. In an earlier note dated June 4, 2014, the attending provider suggested that the applicant had last been drug tested on April 30, 2014. The drug testing of April 30, 2014 was reviewed. The said drug testing included testing for approximately 10 different opioid metabolites and did, in fact, include confirmatory, quantitative testing.

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. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic. Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: 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 which drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and quantitative testing outside of the Emergency Department Drug Overdose context. In this case, however, the drug testing in question did, in fact, include confirmatory, quantitative testing, despite the unfavorable ODG position on the same. Nonstandard testing which included testing for numerous opioid metabolites was performed. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.