

Case Number:	CM13-0016586		
Date Assigned:	03/26/2014	Date of Injury:	10/18/2011
Decision Date:	04/30/2014	UR Denial Date:	08/18/2013
Priority:	Standard	Application Received:	08/26/2013

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 knee pain associated with an industrial injury sustained on October 18, 2011. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of physical therapy, functional capacity testing, unspecified amounts of acupuncture, and extensive periods of time off of work. The urine drug screen of May 23, 2013 is reviewed. The drug test was reportedly consistent with all prescribed medications. The applicant was reportedly negative for all items tested. It appears that a nonstandard battery of tests were performed, including testing for seven different antidepressant metabolites, 10 different benzodiazepine metabolites, and approximately 15 different opioid metabolites. No rationale or progress note was attached to the drug test. No narrative commentary was provided. The sole attached progress note of August 23, 2013 is notable for the comments that the applicant has issues with plantar fasciitis and was asked to pursue extracorporeal shock wave therapy, topical compounds, further drug testing, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A URINE DRUG SCREEN PERFORMED ON 5/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System

Guidelines for Clinical Care: Managing Chronic Non-terminal Pain: Including Prescribing Controlled Substances (May 2009), page 10

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines support intermittent drug testing in the chronic pain population, they do not establish specific parameters for performing drug testing. As noted in the Official Disability Guidelines, an attending provider should clearly state what drug tests and/or drug panels he intends to test for along with the request for authorization for testing. The attending provider should also attach a list of those drugs which an applicant is taking to the request for testing. Finally, the attending provider should also state when the last time an applicant was tested. In this case, none of the aforementioned criteria were met. The applicant's medication list was not provided. The list of those drug tests and/or drug panels which the attending provider intended to test for was not clearly stated in the progress note attached. The attending provider did not state when the applicant was last tested. The drug test performed did not conform to DOT parameters for the drug test performed contained several nonstandard tests for multiple different metabolites. Therefore, the request is not certified as the urine drug testing which was performed did not conform to ODG standards.