

Case Number:	CM13-0019574		
Date Assigned:	03/26/2014	Date of Injury:	12/22/2011
Decision Date:	04/30/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

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 has filed a claim for chronic neck pain, low back pain, shoulder pain, wrist pain, depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of December 21, 2011. In a progress note of August 5, 2013, it is stated that the applicant has elected to delay shoulder surgery until her depression is better controlled. In a July 30, 2013 office visit, the applicant is apparently offered wrist surgery but again demurs. In a handwritten progress note of June 3, 2013, difficult to follow, not entirely legible, the applicant apparently presents with issues related to shoulder pain, low back pain, wrist pain, neck pain, and midback pain as well as depression. Norco, Prilosec, Zanaflex, and unspecified topical compounds are endorsed. It does not appear that the applicant is working. On June 28, 2013, the applicant underwent urine drug testing which is apparently positive for opioids but negative for all other drugs. The drug testing was nonstandard and included testing of 10 different benzodiazepine metabolites, seven different antidepressant metabolites, and approximately 10 different opioid metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRUG URINALYSIS TEST BETWEEN 6/28/2013 AND 6/28/2013: 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 Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

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 the ODG, an attending provider should clearly state which drug tests and/or drug panels he is testing for along with the request for authorization for testing. An attending provider should also attach the applicant's complete medication list to the request for testing. An attending provider should also state when the last time an applicant was tested, ODG further notes. In this case, however, these criteria were not met. The attending provider did not state what medication or medications the applicant was taking at the time the testing was performed. It was not clearly stated when the last time the applicant was tested. As several ODG criteria for pursuit of drug testing have not seemingly been met, the request remains not certified, on Independent Medical Review.