

Case Number:	CM13-0028282		
Date Assigned:	11/22/2013	Date of Injury:	07/11/2011
Decision Date:	01/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 pain reportedly associated with an industrial injury of July 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; attorney representation; psychotropic medications; radiofrequency ablation procedures of the cervical spine; and work restrictions. It does not appear that the applicant has returned to work with limitations in place. In a utilization review report of September 4, 2013, the claims administrator denied a request for a random 12-panel urine drug screen. The note of July 3, 2013 is reviewed. The applicant did undergo a random 12-panel urine drug screen on that date, the attending provider stated. A later note of August 1, 2013 is reviewed. The results of the urine drug screen are not clearly stated. It is stated that the applicant has returned to modified duty as a parking enforcer, however. She is asked to pursue further injection therapy. In an appeal letter of September 19, 2013, the attending provider states that this was the applicant's second urine drug screen in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random 12-panel urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 77 and 88. Decision based on Non-MTUS Citation the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Decision on the Chronic Pain Medical Treatment Guidelines, section on Drug Testing Page(s): 43,. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As noted on page 43 of the MTUS Chronic Pain Guidelines, intermittent urine drug testing is endorsed in the chronic pain population. In this case, the attending provider did perform a standard urine drug screen. The Official Disability Guidelines' chronic pain chapter urine drug testing criteria have been added to augment the MTUS reference. The Official Disability Guidelines note that an applicant's complete medication list should be attached to the request for testing. In this case, the attending provider did provide a detailed list of all drugs that the applicant was taking. The attending provider also did perform standard testing. The attending provider stated that he is performing random urine drug testing. Thus, the attending provider did furnish a valid reason for the test. For all of these reasons, then, the request for Random 12-panel drug screen performed on 7/3/13 is medically necessary and appropriate.