

Case Number:	CM13-0028316		
Date Assigned:	11/27/2013	Date of Injury:	04/23/2013
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
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 has filed a claim for wrist pain reportedly associated with a slip and fall injury of April 23, 2013. Thus far, she has been treated with the following: Analgesic medications; a wrist splint; attorney representation; a wrist brace; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and acupuncture; and extensive periods of time off of work. A handwritten note of September 27, 2013, is handwritten, difficult to follow, not entirely legible, notable for 4/10 pain, tenderness about the right wrist, and treatment recommendations include pursuit of acupuncture. Also reviewed is a urine drug testing of September 12, 2013, in which the applicant undergoes urine drug testing for multiple opioid, antidepressants, and benzodiazepine metabolites. Confirmatory testing is performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish a frequency for or parameters under which to perform urine drug testing. As noted in the ODG chronic pain chapter, the attending provider should clearly state the names of those drug tests and/or drug panels which he intends to test for, state the applicant's complete medication list/medication profile and/or clearly state how the drug test results will impact or influence the applicant's treatment plan. In this case, however, none of the aforementioned criteria were met. The applicant's medication list was not attached to the request for authorization or application for IMR. The attending provider did not clearly state why he intended to test for so many different opioid metabolites and antidepressant metabolites. As noted in ODG, the Department of Transportation Guidelines represents the most legally defensible framework for performing urine drug testing. In this case, the urine drug testing performed by the attending provider did not conform to the DOT standards. Therefore, the request is not certified.