

Case Number:	CM13-0028854		
Date Assigned:	03/19/2014	Date of Injury:	04/23/2013
Decision Date:	05/21/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/25/2013

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 wrist and right upper extremity pain reportedly associated with an industrial injury of April 23, 2013. Thus far, the applicant has been treated with analgesic medications, attorney representation, topical compounds, unspecified amounts of physical therapy, acupuncture, and manipulative therapy and a wrist brace. In a utilization review report of September 13, 2013, the claims administrator denied a request for a urine drug screen. The applicant's attorney subsequently appealed. In a handwritten progress note of February 18, 2014, the applicant apparently presented for acupuncture, reporting 3/10 wrist pain. Acupuncture was performed in the clinic setting, with the addition of various modalities, including infrared therapy and electrical stimulation. The applicant's work status was not detailed. A urine drug screen of January 13, 2014 apparently tested for 15 different opioid metabolites, 10 different benzodiazepine metabolites, 5 different barbiturate metabolites, and approximately 10 to 15 different antidepressant metabolites. In a January 7, 2014 medical-legal evaluation, the applicant was described as no longer working as a store manager at [REDACTED]. The applicant had apparently been terminated by her former employer. Multiple handwritten progress notes interspersed throughout 2013 were noted. It appeared that the applicant was placed off of work, on total temporary disability, on multiple occasions, and was asked to employ various topical compounds, extracorporeal shock wave therapy, and acupuncture. The notes were very difficult to follow and did not clearly detail the applicant's medication list. Also reviewed is a July 29, 2013 urine drug test result, in which the applicant seemingly tested negative for approximately 15 different opioid metabolites, 10 different benzodiazepine metabolites, and 10 different antidepressant metabolites.

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 Page(s): 77.

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) Chronic 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 a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, however, it is incumbent upon the attending provider to furnish an applicant's complete medication list along with any request for testing. In this case, however, the documentation on file was sparse, handwritten, difficult to follow, and not entirely legible. The attending provider did not furnish the applicant's complete medication list along with the request for testing. The attending provider should also clearly state which drug tests and/or drug panels he intends to test for. In this case, this was not done. ODG further notes that the treating provider should attempt to conform to the best practice of the United States Department of Transportation (DOT) as representing the most legally defensive means of performing drug testing. In this case, however, the attending provider's drug testing was nonstandard and seemingly tested for 15 different opioid metabolites, 10 different antidepressant metabolites, 10 different benzodiazepine metabolites, etc. This is not indicated, per the ODG and DOT. Accordingly, the request is not medically necessary as several criteria for pursuit of drug testing have not seemingly been met.