

Case Number:	CM13-0048536		
Date Assigned:	01/31/2014	Date of Injury:	11/08/2012
Decision Date:	05/08/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/06/2013

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 shoulder pain reportedly associated with an industrial injury of November 8, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representations, transfer of care to and from various providers in various specialties, unspecified amounts of acupuncture and an MRI imaging of the shoulder of August 3, 2011, notable for a focal full thickness rotator cuff tear. In a utilization review report of October 25, 2013, the claims administrator approved a request for Norco, approved a request for Protonix, approved a request for Voltaren, and partially certified urine drug testing as a point of care urine drug test without laboratory quantitative confirmatory testing. The applicant's attorney subsequently appealed. A urine drug test of September 5, 2013 was reviewed. In the test, the attending provider seemingly tested for 10 different benzodiazepine metabolites, 15 different opioid metabolites, and numerous other antidepressant metabolites. A confirmatory testing was seemingly performed. In an April 23, 2013 progress note, the applicant is described as having ongoing issues with right shoulder pain, 5-6/10. The applicant's shoulder range of motion is limited with abduction to 140 to 145 degree range. Weakness about the shoulder is appreciated. Acupuncture, physical therapy, and a TENS unit were sought. A rather proscriptive 5-pound lifting limitation was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY TEST TO BE DONE AT NEXT OFFICE VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Procedure Summary, Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing Topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for along with the request for testing. The attending provider should also attach an applicant's complete medication list to the request for authorization for testing. The attending provider should also state when the last time an applicant was tested. Confirmatory testing, ODG further notes, is not recommended outside of the Emergency Department Drug Overdose context. In this case, however, the aforementioned ODG criteria for pursuit of drug testing were not seemingly met. The applicant's complete medication list was not attached to the request for testing. The attending provider performed nonstandard quantitative testing, which is not recommended by ODG outside of the ED Drug overdose context. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request is not certified.