

Case Number:	CM13-0059805		
Date Assigned:	12/30/2013	Date of Injury:	03/14/2011
Decision Date:	05/20/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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 patient is a represented [REDACTED] employee who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of March 14, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; an intermittent drug testing; a ganglion cyst removal procedure; and extensive periods of time off of work. In a Utilization Review Report of November 7, 2013, the claims administrator denied a request for qualitative drug screening and approved a request for Naprosyn. The claims administrator stated that the patient had already had an earlier drug screen on July 25, 2013 and that no compelling case has been made for a repeat drug screen on October 2, 2013. The patient's attorney subsequently appealed. A November 4, 2013 progress note is notable for comments that the patient reports persistent wrist pain. The patient is off of work and has apparently not worked since March 2011. Persistent elbow and wrist pain were appreciated. The patient was declared as having reached maximum medical improvement and was given a total of 8% whole person impairment, all of which was imputed to industrial factors. The patient did apparently undergo a urine drug testing on November 4, 2013, which was negative for approximately 10 different anti-depressive metabolites, 10 different benzodiazepine metabolites, and 10 different opioid metabolites. It does appear that the drug testing was ordered on an earlier note of October 2, 2013. The patient's complete medications were not documented on this date, although the patient was issued prescriptions for Naprosyn and Prilosec on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

A QUALITATIVE DRUG SCREEN: 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 THE OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, URINE DRUG TESTING TOPIC.

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 any request for testing. It is also stated that the attending provider should attempt to conform to the best practices of the United States Department of Transportation (DOT) representing the most legally defensible means of performing testing. In this case, the attending provider performed and/or is performing nonstandard testing, which involves testing for 10 different opioids, benzodiazepines, and antidepressant metabolites. This does not conform to the best practices of the DOT. It is also noted that the attending provider has not and did not attach the patient's complete medication list to the request for testing. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request is not medically necessary.