

Case Number:	CM13-0065586		
Date Assigned:	01/03/2014	Date of Injury:	01/29/2013
Decision Date:	04/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 neck pain reportedly associated with an industrial injury of January 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; electrodiagnostic testing of April 25, 2013, notable for left C6-C7 radiculopathy; MRI imaging of the cervical spine in May 2013, notable for a 3-mm disk protrusion at C6-C7 with associated spondylolytic changes; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report of December 2, 2013, the claims administrator denied a request for urine drug testing. The applicant's attorney subsequently appealed. A December 3, 2013 progress note is somewhat difficult to follow, sparse, handwritten, not entirely legible, and notable for comments that the applicant reports some persistent neck and shoulder pain. The applicant is on Naprosyn and Vicodin, it is stated. The applicant is placed off of work, on total temporary disability, for an additional six weeks, it is noted. A shoulder surgery consultation and home exercises were sought. In a record review of October 21, 2013, the primary treating provider states that he endorses the applicant's pain management consultant's request for urine toxicology screen. The applicant's medication list was not attached, nor it was stated which drug tests were being considered. In an earlier drug screen of May 7, 2013, the attending provider tested for multiple opioid and benzodiazepine metabolites and did seemingly perform confirmatory, quantitative testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG TESTING FOR 10/6/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: 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 identify a frequency with which to perform drug testing. As noted in the Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing topic, states an attending provider should clearly state which drug tests and/or drug panels he is testing for along with a request for authorization for testing. An attending provider should also attach the applicant's complete medication list to the request for authorization for testing and state when the last time an applicant was tested, ODG further notes. Additionally, the ODG state that confirmatory or quantitative testing is not typically recommended outside of the Emergency Department drug overdose context. Based on prior testing, including a testing performed on May 7, 2013, it does appear that the attending provider is intent on pursuing confirmatory and quantitative testing, neither of which are recommended by ODG. The attending provider did not furnish the applicant's complete medication list or a list of those drug tests and/or drug panels which he was testing for on this occasion to the request for authorization. The request for urine drug testing of October 16, 2013 is not medically necessary and appropriate.