MAXIMUS Federal Services

Case Number:	CM13-0070325		
Date Assigned:	01/03/2014	Date of Injury:	01/19/2012
Decision Date:	04/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 hand pain, shoulder pain, neck pain, headaches, and sleep disturbance reportedly associated with an industrial injury of November 25, 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; earlier left knee arthroscopy; and extensive periods of time off of work. It is noted that portions of the applicant's claim, extensive injury, and compensability have been contested by the claims administrator. In a Utilization Review Report of November 25, 2013, the claims administrator denied a request for urine drug testing performed on October 21, 2013. The claims administrator's decision used the outline format and was extremely difficult to read. The rationale for the denial was not clearly stated; however, it was noted that an earlier urine drug testing had been certified on March 1, 2013. The applicant's attorney subsequently appealed. A clinical progress note of October 14, 2013 is notable for comments that the applicant remains off of work, on total temporary disability owing to issues related with neck, shoulder, elbow, wrist, and low back pain, status post left knee arthroscopy. The applicant was given a Toradol injection in the clinic. On November 8, 2013 multiple medications were refilled. In a urine drug testing of October 14, 2013, it was concluded that the results of drug testing were consistent with prescribed medications. Approximately 20 different opioid metabolites, five different barbiturate metabolites, and 10 different benzodiazepine metabolites were performed. It does not appear that the tests included any test for illicit substances, such as cannabinoids and/or cocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen DOS 10/21/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Urine Drug Testing (hhtp://www.odg-twc.com/).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does report 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 ODG Chronic Pain Chapter Urine Drug Testing topic, the attending provider should clearly state which drug tests and/or drug panels he intends to test for. The attending provider should also attempt to conform to the best practice of the United States Department of Transportation (DOT) representing the most legally defensible means of performing drug testing. In this case, however, the drug testing performed by the attending provider did not conform to the DOT standard. The results of the drug tests were not clearly stated. It was not clearly stated how the drug test influenced the treatment plan. It is further noted that the attending provider did not clearly attach the applicant's medication list and/or list of panels he intended to test for along with the request for authorization for testing, nor did the attending provider state when the last time the applicant was tested. For all these stated reasons, then, the request is retrospectively not certified, on Independent Medical Review.