

Case Number:	CM13-0071506		
Date Assigned:	01/08/2014	Date of Injury:	01/04/2005
Decision Date:	05/27/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/27/2013

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 neck pain reportedly associated with an industrial injury of January 4, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and aquatic therapy; and extensive periods of time off of work. In a Utilization Review Report of December 9, 2013, the claims administrator denied request for prescription drug monitoring in the form of urine drug testing every other month. The applicant's attorney subsequently appealed, on December 26, 2013. A clinical progress note of December 28, 2013 is notable for comments that the applicant is on Mobic, Norflex, and tramadol. The applicant states that the medications only help a little. The applicant denies any new injuries. The applicant reports multifocal shoulder, elbow, and wrist pain. Acupuncture, physical therapy, tramadol, Mobic, Norflex, a traction unit, and H-Wave device are sought while the applicant is placed off of work. Multiple notes interspersed throughout 2013 including July 24, 2013, are notable for comments that the applicant remains off of work. Similarly, in notes of November 4, 2013 and December 2, 2013, the applicant is again Final Determination Letter for IMR Case Number CM13-0071506 3 placed off of work and asked to employ various medications, including tramadol, Mobic, Norflex, and an H-Wave device along with acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION DRUG MONITORING UA LABORATORY TESTING WITH DRUG MANAGEMENT EVERY OTHER MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform urine drug testing. As noted in the Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing, however, it is incumbent upon an attending provider to furnish an applicant's complete medication list along with the request for authorization for testing. An attending provider should also clearly state whether an applicant is being tested 'for cause' or randomly. An attending provider should also state when the last time an applicant was tested. The attending provider should also state how the drug test in question plan to influence the treatment plan, ODG further notes. Finally, an attending provider should try to stratify the applicant's level of risk so as to justify more or less frequent testing. In this case, however, none of the aforementioned criteria were met. The attending provider did not clearly state why urine drug testing was needed at a relatively frequent interval of every other month. The attending provider did not clearly state which drug panels and/or drug testing he intended to test for. The attending provider did not, finally, attach the applicant's complete medication list to the request for authorization for testing. Therefore, the request is not medically necessary.