

Case Number:	CM14-0008253		
Date Assigned:	02/12/2014	Date of Injury:	10/17/2013
Decision Date:	06/24/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 shoulder pain reportedly associated with an industrial injury of October 17, 2013. 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 over the life of the claim; and several months off of work. In a Utilization Review Report dated January 17, 2014, the claims administrator denied a request for urine drug testing, citing the MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A January 27, 2014 progress note is notable for comments that the applicant reported persistent 4-7/10 shoulder pain with 5/5 strength noted on limited abduction and flexion in the 120-degree range. It is stated that the applicant could consider corticosteroid injection therapy versus the rotator cuff repair surgery. Work restrictions were endorsed; however, it is stated that the applicant's employer was unable to accommodate the limitations in question and that the applicant should therefore be deemed totally temporarily disabled. It appears that urine drug test was collectively performed on an office visit of December 20, 2013. It was stated that the applicant was not working. This would apparently represent an initial drug screen. However, the attending provider did not attach the applicant's medication list to the request for authorization for testing, nor did the attending provider state which drug tests and/or drug panels he was testing for.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG-SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG TESTING, 43

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 15, 397

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 397, testing for use of illicit drugs can be considered if the presentation is suggestive and the remainder of the history and physical exam do not offer other possibilities. In this case, however, it was not clearly stated that illicit drug usage was suspected. Rather, the attending provider stated that he was performing routine, baseline drug testing on the employee's first presentation to the clinic. Thus, the drug testing in question here does not appear to be endorsed by the MTUS-adopted ACOEM Guidelines in Chapter 15. It is further noted that the Third Edition ACOEM Guidelines, Opioids Guideline suggest that the choice of which drug test to order depends on what medications are being prescribed and what substances are potentially available for the applicant to abuse. In this case, however, the attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The attending provider did not attach the employee's medication list to the request for authorization for testing. The attending provider did not state what drug tests and/or drug panels he was intended to test for and/or why he was intending to select these particular tests. Therefore, the request is not medically necessary as the request itself was imprecise and the rationale for the testing was lacking.