

Case Number:	CM14-0016277		
Date Assigned:	04/11/2014	Date of Injury:	05/17/2013
Decision Date:	08/06/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 knee pain, wrist pain, carpal tunnel syndrome, shoulder pain, and multifocal pain syndrome reportedly associated with an industrial injury of May 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and topical compounds. In a utilization review report dated January 30, 2014, the claims administrator denied a request for urinalysis. In its rationale, the claims administrator interpreted the request for urinalysis as urine drug testing. The claims administrator stated that the applicant was not using any medications and that no drug testing was therefore needed. The applicant's attorney subsequently appealed. Progress notes of May 28 and June 6, 2013 were notable for comments that the applicant was returned to regular work as of that point in time. A handwritten progress note of October 17, 2013, also suggested that the applicant was in fact working regular duty. Many progress notes provided did employ preprinted checkboxes and did not include much in the way of narrative commentary. On November 11, 2013, the applicant was returned to modified duty work. Electrodiagnostic testing, work restrictions, wrist supports, and occupational therapy were sought. The applicant's medications list was not attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS page 43, Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation 2. ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not address specific parameters for or identified frequency with which to perform drug testing. As noted in the ODG, the attending provider should attach the applicant's complete medication list to the request for authorization for testing, state when the last time the applicant was tested, and state which drug tests and/or drug panels he intends to test for. In this case, however, the attending provider did not attach the applicant's complete medication list to the request for authorization. It was not clearly stated when the applicant was last tested. It was not clearly stated which drug tests and drug panels were sought here. Therefore, the request is not medically necessary.