

Case Number:	CM14-0113467		
Date Assigned:	08/01/2014	Date of Injury:	01/27/2013
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/21/2014

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 low back pain, bilateral wrist pain, upper extremity paresthesia's, chronic neck pain, foot pain, anxiety, depression, and fatigue reportedly associated with an industrial injury of January 27, 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; chiropractic manipulative therapy, and acupuncture; myofascial release therapy; and topical compounds. In a Utilization Review Report dated July 16, 2014, the claims administrator denied a request for urine drug screening/urine toxicology testing. In a handwritten note dated January 29, 2014, difficult to follow, not entirely legible, the applicant presented with upper extremity paresthesias. Positive Phalen signs were noted at the wrist. MRI imaging of the cervical spine and Electrodiagnostic testing of bilateral upper extremities were sought. Manipulative therapy was endorsed. In a handwritten note dated January 15, 2014, the applicant's surgeon noted that the applicant had persistent complaints of upper extremity paresthesia's, neck pain, and bilateral shoulder pain. Acupuncture, manipulative therapy, topical compounds, and urine drug testing were ordered, in conjunction with a pain management referral, orthopedic referral, and functional capacity evaluation. Drug testing is also ordered on several other occasions in the file, including in the doctor's first report, undated. Many of the progress notes in file were sparse, handwritten, difficult to follow, not entirely legible, and did not furnish the applicant's medication list. Drug testing was performed on August 7, 2013 and included testing for approximately 10 different benzodiazepine metabolites, 10 different antidepressant metabolites, and 15 to 20 different opioid metabolites. The drug testing was negative for all items in the panel. On October 22, 2013, the applicant again underwent drug testing. The drug testing did include quantitative testing for different

opioid metabolites and was positive for two different tramadol containing metabolites. Once again, 10 to 15 antidepressant metabolites and 10 different benzodiazepine metabolites were again tested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Examination (Urine drug screening): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine analysis Chronic Use of Opioids, Urine Drug Screening Page(s): 78.

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

Decision rationale: While page 43 of 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. ODG's Chronic Pain Chapter, Urine Drug Testing Topic notes that an attending provider should state when the last time an applicant was tested, attach the applicant's complete medications list to the request for authorization for testing, clearly state which drug tests and/or drug panels he intends to test for, and attempt to conform for the best practices of the United States Department of Transportation (DOT). ODG advises against performance of quantitative or confirmatory testing outside of the Emergency Department Drug Overdose context. In this case, however, the attending provider did, on several occasions, perform confirmatory testing and quantitative testing. No rationale for the confirmatory testing and/or quantitative testing was proffered by the attending provider. The attending provider's continuing the test for multiple different opioid and benzodiazepine metabolites when testing for the parent drug classes themselves was negative did not conform to the best practices of the United States Department of Transportation (DOT). Furthermore, the attending provider did not state when the last time the applicant was tested on several of the handwritten progress notes referenced above. The attending provider did not furnish any rationale for the selection of the drug panels in question. For all the stated reasons, then, the request for Toxicology Examination (Urine drug screening) is not medically necessary.