

Case Number:	CM14-0121276		
Date Assigned:	08/06/2014	Date of Injury:	01/17/2014
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/31/2014

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 elbow and neck pain reportedly associated with an industrial injury of January 17, 2014. 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 course of the claim; reported diagnosis with partial tear of the left biceps tendon; computerized range of motion testing; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated July 11, 2014, the claims administrator denied a request for urine chromatography/quantitative drug screening performed on May 30, 2014. The applicant's attorney subsequently appealed. In a June 13, 2014 progress note, the applicant presented with persistent complaints of elbow, wrist, and shoulder pain. The applicant was placed off of work, on total temporary disability. The applicant was asked to pursue 12 additional sessions of physical therapy and obtain a corticosteroid injection for the shoulder. Naproxen, Terocin, and Prilosec were endorsed. The applicant underwent computerized range of motion testing on May 21, 2014. The remainder of the file was surveyed. The results of the urine chromatography testing of May 30, 2014 was neither provided nor incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Review of Chromotography, quantitative drug screen, DOS 5/30/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS , 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 support intermittent drug testing in the chronic pain populace, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. However, ODG's Chronic Pain Chapter Urine Drug Testing topic notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should clearly state what drug tests and/or drug panels he intends to test for and why, and state when an applicant was last tested. The ODG goes on to note that confirmatory and/or quantitative testings are typically not recommended outside of the emergency department drug overdose context. In this case, the attending provider did not state why confirmatory or quantitative drug testing was needed. The results of the preliminary qualitative drug screen were not provided, it is further noted. Since several ODG criteria for pursuit of drug testing were seemingly not met, the request was not medically necessary.