

Case Number:	CM14-0179244		
Date Assigned:	11/03/2014	Date of Injury:	05/12/2008
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/28/2014

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 shoulder, arm, and neck pain reportedly associated with an industrial injury of May 12, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery in December 2013; earlier carpal tunnel release surgery at an unspecified point in time; and topical compounds. In a Utilization Review Report dated September 29, 2014, the claims administrator retrospectively denied a chromatography/urine drug testing apparently performed on September 3, 2014. The applicant's attorney subsequently appealed. The chromatography in question was apparently collected on September 3, 2014. Forty-two units of the same were apparently sought/performed. The test results of September 3, 2014 were reviewed and did include testing for approximately 10-15 different opioid metabolites, 7-10 barbiturate metabolites, and approximately 10 different antidepressant metabolites. It was stated that the test was negative for all items on the panel. In a progress note of September 3, 2014, the applicant reported ongoing complaints of shoulder and thumb pain, exacerbated by gripping, grasping, and overhead reaching. Physical therapy, acupuncture, and corticosteroid injection therapy were endorsed while the applicant was placed off of work, on total temporary disability. No medications were prescribed, the attending provider noted. It was not stated whether the applicant was using any medications, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography 42 units QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

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

Decision rationale: The request for chromatography does in fact represent a request for confirmatory drug testing/quantitative drug testing. 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. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, clearly state what drug tests and/or drug panels are being tested for and why, attempt to conform to the best practices of the [REDACTED] when performing drug testing, and eschew confirmatory/quantitative testing outside of the Emergency Department drug overdose context. Here, however, nonstandard drug testing of multiple opioid, benzodiazepine, antidepressant, and barbiturate metabolites was performed. Such testing does not conform to the best practices of the [REDACTED].

Confirmatory/quantitative testing was also performed, despite the unfavorable ODG position on the same. The attending provider did not indicate when the applicant was last tested. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. Since several ODG criteria for pursuit of drug testing/chromatography were not seemingly met, the request is not medically necessary.