

Case Number:	CM14-0031657		
Date Assigned:	06/20/2014	Date of Injury:	12/15/2011
Decision Date:	12/03/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/13/2014

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 pain reportedly associated with industrial injury of December 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; earlier shoulder surgery; and work restrictions. In a Utilization Review Report dated March 11, 2014, the claims administrator retrospectively denied an outpatient 12-panel urine drug screen performed on February 27, 2014. The applicant's attorney subsequently appealed. The applicant apparently underwent left shoulder surgery on April 4, 2013, it was incidentally noted. On February 27, 2014, the applicant did undergo urine drug testing, which included testing for seven different opioid metabolites, six different benzodiazepines metabolites, six different barbiturates metabolites, and multiple antidepressant metabolites. The testing was seemingly negative for all items on the 12-panel rapid drug screen. The attending provider went on to perform more elaborate, confirmatory/quantitative testing, despite the fact that the applicant was negative for all items on the panel. In a progress note of the same date, February 27, 2014, the applicant was given a topical compounded cream and asked to do home exercises for his shoulder. Urine drug testing was performed. Work restrictions were also endorsed, although did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective outpatient twelve (12) panel urine drug screen for the left shoulder, neck and low back date of service 2/27/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 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, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, identify when the last time the applicant was tested, attach an applicant's complete medication list to the request for authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider did not attach the applicant's medication list to either the request for authorization testing or to the progress note of February 27, 2014. The attending provider did not state when the applicant was last tested. The attending provider did not state why multiple different opioid, benzodiazepine, and barbiturate metabolites were being tested for, despite the fact the applicant was negative for the parent compounds. The attending provider did not state why confirmatory testing was being performed when the applicant was negative for all the parent drug classes. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.