

Case Number:	CM14-0036408		
Date Assigned:	06/25/2014	Date of Injury:	11/21/2013
Decision Date:	07/31/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/25/2014

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 neck pain, low back pain, and skull fracture sustained in an industrial injury of November 21, 2008. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and unspecified amounts of aquatic therapy, physical therapy, and acupuncture. In a January 10, 2014 progress note with the applicant's new primary treating provider (PTP), the applicant was described as a former apprentice cable splicer who is no longer working. The applicant reported 3-4/10 hip pain and headaches. The applicant also had derivative complaints of psychological stress and insomnia. The applicant felt tired and fatigued during the day and also reported loss of libido. The applicant was given a prescription for Naprosyn and placed off of work, on total temporary disability. MRI of several body parts was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug test (UDT) to monitor medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LCC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 the Official Disability Guidelines, an attending provider should attach an applicant's complete medication list to the request for authorization for testing, state when the last time an applicant was tested, and/or state which drug tests and/or drug panels he intends to test for. In this case, however, the attending provider did not seemingly attach the applicant's complete medication list to the request cited. The attending provider did not state when the applicant was last tested. The attending provider did not state whether the applicant was being tested for cause or randomly, at this point. The attending provider did not state which drug tests and/or drug panels he intends to test for. Therefore, the request is not medically necessary.