

Case Number:	CM14-0078532		
Date Assigned:	07/18/2014	Date of Injury:	03/30/2012
Decision Date:	09/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/28/2014

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 hand, wrist, and shoulder pain reportedly associated with an industrial injury of March 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; a trigger point injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 15, 2014, the claims administrator failed to approve a request for a urine drug screen. The applicant's attorney subsequently appealed. In a progress note dated April 18, 2014, the applicant reported persistent complaints of pain, ranging from 6-9/10. The applicant was given refills of Theramine, Trepadone, Tramadol, and Flector patches. Urine drug testing was endorsed. The attending provider did not state when the applicant was last tested, nor did the attending provider state which drug tests and/or drug panels he intended to test for. It was acknowledged that the applicant was not working. In an earlier progress note dated February 11, 2014, the attending provider did allude to the applicant having had earlier urine drug testing of January 16, 2014, which was positive for Tramadol, Codeine, and Cyclobenzaprine. On that date, urine drug testing was again apparently performed. It was not, however, clearly stated what drug tests and/or drug panels are being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Urine Drug Testing (UDT).

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 context present here, 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 along with the request for authorization for the same. The attending provider should make an attempt to conform to the best practices of the United State Department of Transportation when performing drug testing, ODG further notes. ODG also suggests that an attending provider attach an applicant's complete medication list to each request for authorization for testing. In this case, however, the attending provider has not clearly stated what medications the applicant has been using on all requests for drug testing but simply stated that the applicant should continue or discontinue various medications. Historical reports of drug testing suggest that the attending provider may be performing nonstandard drug testing which includes testing for opioid metabolites such as Tramadol and/or Cyclobenzaprine. Such testing is not consistent with the best practices of the United States Department of Transportation (DOT), which ODG suggests conforming to. For all of the stated reasons, then, the request is not medically necessary.