

Case Number:	CM14-0079603		
Date Assigned:	07/18/2014	Date of Injury:	08/04/2013
Decision Date:	09/12/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/30/2014

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, mid back, low back, bilateral upper extremity pain reportedly associated with an industrial injury of August 4, 2013. 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; topical compounds; and extensive periods of time of off work. In a Utilization Review Report dated May 7, 2014, the claims administrator partially certified a request for 12 sessions of acupuncture, as four sessions of acupuncture, approved a request for Motrin and retrospectively denied a urine drug screen. The claims administrator invoked the 2007 the now-outdated 2007 Acupuncture Medical Treatment Guidelines in its report. The applicant's attorney subsequently appealed. Drug testing of April 16, 2014 was reviewed and seemingly negative for numerous items on the panel, including approximately 15 different antidepressant metabolites, 10 different benzodiazepines metabolites, and 20 different opioid metabolites. On April 16, 2014, the applicant reported persistent complaints of neck, low back, bilateral shoulders, arm, wrist, hand, bilateral ankles, bilateral foot pain, radiating anywhere from 7 to 9/10. A 12-session course of acupuncture and urine toxicology testing were endorsed while the applicant was placed off of work, on total temporary disability. The applicant did not incorporate the applicant's medication list into this particular progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen for date of service 04/18/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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 endorse 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 ODG's Chronic Pain Chapter Urine Drug Testing topic, the attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach the applicant's complete medication list to the request for authorization for testing, and state when the applicant was last tested. The attending provider should also attempt to conform to the best practice of the United States Department of Transportation (DOT) while performing drug testing, ODG further notes. In this case, however, the testing for 20 different opioid metabolites, 15 different antidepressant metabolites, and 10 different benzodiazepines metabolites did not conform to the best practice to the United States Department of Transportation. It was not clear why numerous different metabolites were tested for and when the parent drug classes were themselves negative. The attending provider has not, furthermore, attached the applicant's medication list to the request for authorization for testing. The attending provider did not, furthermore, state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.