

Case Number:	CM14-0088076		
Date Assigned:	08/22/2014	Date of Injury:	01/27/2013
Decision Date:	10/14/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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, ankle pain, hand pain, neck pain, and wrist pain reportedly associated with an industrial injury of January 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and topical compounds. In a Utilization Review Report dated May 29, 2014, the claims administrator denied a request for a urinalysis. The applicant's attorney subsequently appealed. The applicant apparently underwent urinalysis testing on February 17, 2014, which included quantitative testing/quantitative chromatography. The results of the same were not clearly reported. On January 29, 2014, the applicant reported multifocal neck, shoulder, and wrist pain. Acupuncture, manipulative therapy, topical compounds, multiple referrals, functional capacity testing, and a urine drug screen were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing 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, however, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, and attempt to conform to the best practices of the United States Department of Transportation (DOT) while performing testing. ODG further recommends against usage of confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context. In this case, however, the attending provider has failed to state why nonstandard drug testing to include confirmatory/quantitative testing was performed, despite the unfavorable ODG position on the same. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not, furthermore, state why the applicant needed to be tested as frequently as each month. Since several ODG criteria for pursuit of drug testing were not met, the request was/is not medically necessary.