

Case Number:	CM14-0093676		
Date Assigned:	09/22/2014	Date of Injury:	02/01/2010
Decision Date:	10/27/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/16/2014

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, carpal tunnel syndrome, and myofascial pain syndrome reportedly associated with an industrial injury of February 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; adjuvant medications; earlier shoulder surgery; earlier carpal tunnel release surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated May 15, 2014, the claims administrator denied a request for a urine drug screen. The applicant's attorney subsequently appealed. In a progress note dated August 25, 2014, the applicant reported persistent complaints of shoulder, bilateral wrist, and bilateral hand pain. The applicant was given diagnoses of myofascial pain syndrome, carpal tunnel syndrome, and shoulder pain secondary to cumulative trauma at work. The applicant was given refills of Neurontin, Zanaflex, Tylenol No. 3, Lidoderm patches, and a topical compounded ketoprofen-containing cream. A functional capacity testing was ordered. A rather proscriptive 5-pound lifting limitation was endorsed. In an August 5, 2014 progress note, the attending provider appealed a previously denied urine drug screen. The attending provider suggested that the applicant was using Neurontin, Zanaflex, Tylenol No. 3, and Lidoderm patches but did not state whether this represented the entirety of the applicant's medication list. In a July 7, 2014 progress note, the applicant was described as using Xanax, Tylenol No. 3, and Neurontin. Once again, the applicant's complete medication list was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines-Opioids, differentiation dependence & addiction

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing topic. Page(s): 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine 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, clearly state when an applicant was last tested, attempt to conform to the best practices of the [REDACTED] [REDACTED] when performing drug testing, and clearly state what drug tests or drug panels he intends to test for. In this case, however, the attending provider did not clearly state what drug tests and/or drug panels were being tested for, nor did the attending provider state when the applicant was last tested. The attending provider did not, furthermore, clearly document the applicant's medication list on each and every office visits, referenced above. Since several ODG criteria for pursuit of drug testing was seemingly not met, the request was/is not medically necessary.