MAXIMUS Federal Services

Case Number:	CM14-0189048		
Date Assigned:	11/19/2014	Date of Injury:	09/02/2013
Decision Date:	01/08/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/12/2014

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 and low back pain reportedly associated with an industrial injury of November 2, 2004.Thus far, the applicant has been treated with the following: Analgesic medications; earlier shoulder surgery; opioid therapy; adjuvant medications; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 22, 2014, the claims administrator stated that the request in question represented a retrospective request for drug testing already performed. In a progress note dated January 2, 2014, the applicant reported ongoing complaints of neck, left shoulder, left hand, and foot pain with derivative complaints of stress and depression. A rather proscriptive 5-pound lifting limitation was endorsed. Relafen was refilled. Additional physical therapy was sought. The applicant went on to receive acupuncture at various points throughout 2014, including April, May, and July 2014.In a June 13, 2014 progress note, it was noted that the applicant had been declared totally temporary disabled on a mental health basis. The applicant did report multifocal complaints of neck pain, shoulder pain, hand pain, foot pain, psychological stress, and dyspepsia.On July 29, 2014, the applicant reported ongoing complaints of low back and shoulder pain. The attending provider stated that the applicant was using a wheelchair owing to heightened complaints of pain. The applicant was status post shoulder surgery and lumbar fusion surgery. Vicodin, Neurontin, Celebrex, and drug testing were apparently sought. The attending provider did not state what drug tests were being tested for. On August 14, 2014, the applicant was given refills of Zantac, Prilosec, Lomotil, and Ambien. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Qualitative and Quantitative urine drug screen: Upheld

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

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 establish a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, does state that an attending provider should clearly state what 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, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to conform to the best practices of the United States Department of Transportation when performing drug testing. Here, however, the requesting provider did not outline when the applicant was last tested. It was not clearly stated what drug test and/or drug panels the applicant was testing for. It was not clearly stated when the applicant was last tested. Confirmatory and/or quantitative testing's were seemingly performed, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.