

Case Number:	CM14-0189336		
Date Assigned:	11/18/2014	Date of Injury:	12/01/2009
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/11/2014

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 reportedly associated with an industrial injury of December 1, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with a partial thickness rotator cuff tear; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for a urine drug test. The claims administrator stated that its decision was based on a September 5, 2014 progress note and/or RFA form. The applicant's attorney subsequently appealed. In an August 6, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. The applicant had not received treatment in several years, it was noted. The applicant was in the process of transferring care to a new primary treating provider. Tenderness and limited range of motion were appreciated about the left shoulder. Updated shoulder MRI was sought, along with a shoulder surgery consultation. Norco and Fexmid were endorsed. The applicant was apparently returned to his usual and customary work. In a handwritten note dated October 10, 2014, the applicant was, once again, returned to regular duty work. The applicant did have ongoing complaints of shoulder pain with partial thickness rotator cuff tear, it was acknowledged. Naprosyn, Norco, and Fexmid were renewed. A random urine drug testing was sought via an RFA form dated October 14, 2014. Large portions of the progress note were sparse, handwritten, and difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random UA sample (for medication compliance): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Urine Drug Testing, however, states that an attending provider should clearly state what drug tests and/or drug panels are being tested for, attached an applicant's complete medication list to the Request for Authorization for testing, state when an applicant was last tested, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, and attempt to stratify applicants into higher- or lower-risk categories for which more or less frequent drug testing might be indicated. Here, however, there was no mention of the applicant's being a higher- or lower-risk individual for which more or less frequent testing would be indicated. It was not clearly stated when the applicant was last tested. The applicant's complete medication list was not attached to the RFA form. Since several ODG criteria for pursuit of drug testing were seemingly not met, the request was not medically necessary.