

Case Number:	CM14-0199525		
Date Assigned:	12/10/2014	Date of Injury:	12/26/2002
Decision Date:	01/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/01/2014

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 forearm pain reportedly associated with an industrial injury of December 26, 2002. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for urine drug screen apparently performed on November 12, 2014. The claims administrator referenced a progress note of that date, in which the applicant presented with worsening hand, wrist, and forearm pain, bilateral. The applicant was reportedly using Senna, Norco, Relafen, and Voltaren. The applicant's attorney subsequently appealed. In a progress note dated August 5, 2012, the applicant again reported ongoing complaints of low back and bilateral leg pain. The applicant was on Flexeril, Lidoderm, Norco, and Senna. The applicant was off of work and receiving disability benefits, it was acknowledged, in addition to Workers Compensation indemnity benefits and Norco was refilled. Urine drug testing was performed on this occasion on the grounds that previous drug testing had been spilt. In a November 12, 2014 progress note, the applicant again reported persistent complaints of low back pain. The applicant stated that he was effectively bedridden without his medications. Bilateral hand, wrist, and forearm pain with upper and lower extremity paresthesias were appreciated. The applicant also reported low back pain. The applicant was using Relafen, Norco, Senna, Soma, and Voltaren gel, it was incidentally noted. The attending provider and the applicant posited that his activity levels were diminished without his medications. The applicant's medical history was notable for hypertension, depression, and arthritis. Once again, the applicant was described as off of work, on disability. Urine drug testing was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine drug screen: Upheld

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

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 frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should clearly state what drug tests or drug panels are being sought, identify when the applicant was last tested, eschew confirmatory and/or quantitative drug testing outside of the Emergency Department drug overdose context, state when an applicant was last tested, attempt to conform to the best practices of the United States Department of Transportation (DOT) while performing drug testing and eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context. Here, however, the attending provider did not explicitly signal his intention to eschew confirmatory and/or quantitative testing. The attending provider did not state what drug tests or drug panels were being sought. The attending provider did not state when the applicant was last tested. The attending provider did not state whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.