

Case Number:	CM15-0009495		
Date Assigned:	02/10/2015	Date of Injury:	11/13/2012
Decision Date:	04/17/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 25-year-old [REDACTED] who has filed a claim for chronic hand pain reportedly associated with an industrial injury of November 13, 2012. In a Utilization Review Report dated January 6, 2015, the claims administrator approved a request for gabapentin while apparently denying a specimen collection kit of some kind. The applicant's attorney subsequently appealed. On November 20, 2014, the applicant reported ongoing complaints of hand and wrist pain. The applicant had previously undergone an ORIF surgery, the treating provider acknowledged. The applicant was working regular duty. Ongoing complaints of hand pain and shoulder pain were reported. The applicant exhibited a surgical scar about the injured hand. 4-5/10 pain complaints were reported. The applicant was returned to regular duty work. Shoulder MRI imaging was endorsed while the applicant was returned to regular duty work. Gabapentin was endorsed. The attending provider seemingly suggested (but did not clearly state) that urine drug testing was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Active-medicated specimen collection kit, 20mg, QTY: 1, date of service: 11/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation, ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

Decision rationale: No, the request for a "specimen collection kit" was not medically necessary, medically appropriate, or indicated here. This request essentially amounts to a request for urine drug testing. 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 Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and notes that an attending provider should attempt to categorize applicants into higher - or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not state what drug tests and/or drug panels were being tested for. 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 a more or less frequent drug testing would have been indicated. The attending provider did not signal his intention to eschew confirmatory or quantitative testing, nor did the attending provider signal his intention to attempt to conform to the best practices of the United States Department of Transportation when performing drug testing. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.