

Case Number:	CM15-0132762		
Date Assigned:	07/20/2015	Date of Injury:	04/14/2009
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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 42-year-old who has filed a claim for chronic neck, knee, shoulder, and elbow pain reportedly associated with an industrial injury of April 14, 2009. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for a urine drug screen. The claims administrator contended that the request represented a request for retrospective drug testing performed and/or requested on or around June 17, 2015. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the sole note on file was a medical-legal evaluation dated June 30, 2015. On said Qualified Medical Evaluation (QME) dated June 30, 2015, the applicant reported ongoing complaints of neck, bilateral shoulder, bilateral elbow, bilateral wrist, and left knee pain. The applicant was on Motrin and an unspecified anxiolytic medication, it was reported. It was suggested that the applicant had been off of work for a protracted amount of time, had eventually returned to work, and was off of work owing to summer break. At the bottom of the report, the applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

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

Decision rationale: No, the request for a urine drug screen was not medically necessary, medically appropriate, or indicated here. 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, stipulates that an attending provider 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, clearly state which drug tests and/or drug panels he intends to test for and why, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the June 17, 2015 order form and/or office visit on which the article in question was sought was not incorporated into the IMR packet. The drug testing in question and/or associated progress note of June 17, 2015 made available to the claims administrator were not seemingly incorporated into the IMR packet. It was not stated when the applicant was last tested. The results of the drug testing in question were not furnished. The applicant's complete medication list was not detailed, although a medical-legal evaluator did report on June 17, 2015 that the applicant was using Motrin and an unspecified anxiolytic medication. It was not established whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. Again, the medical clinical progress note on which the article in question was sought was not incorporated into the IMR packet. The limited information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.