

Case Number:	CM15-0136266		
Date Assigned:	07/24/2015	Date of Injury:	06/04/2009
Decision Date:	08/25/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/14/2015

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 31-year-old who has filed a claim for chronic hand, wrist, and elbow pain reportedly associated with an industrial injury of June 4, 2009. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve requests for quantitative and confirmatory drug testing. The claims administrator referenced an April 9, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported ongoing complaints of hand, neck, and facial pain with associated upper extremity paresthesias. The applicant was given an operating diagnosis of thoracic outlet syndrome. Surgical intervention was proposed. The applicant's medication list was not detailed. In an April 2, 2015 progress note, the applicant reported ongoing complaints of severe shoulder and hand pain. It was stated that the only medication the applicant was taking was Tylenol as the applicant had difficulty tolerating other medications. The applicant's complete medication list was not, however, formally documented. On March 13, 2015, the applicant did undergo drug testing for multiple different opioid, benzodiazepine, and antidepressant metabolites. Confirmatory and quantitative testing was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative lab confirmations urine drug test qualitative point of care test G0434-QW x 4 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

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 urine drug testing to include qualitative, quantitative, and confirmatory drug testing 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 intended 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, confirmatory and quantitative testing were performed, despite the unfavorable ODG position on the same. The attending provider did not attach or incorporate the applicant's medication list on multiple office visits, referenced above. A clear rationale for confirmatory testing was not furnished. The attending provider's testing for multiple different opioid, benzodiazepine, and antidepressant metabolites represent a nonstandard drug testing which did not conform to the best practices of the United States Department of Transportation (DOT). The attending provider made no attempt to categorize the applicant into higher or lower-risk categories for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.