

Case Number:	CM15-0147247		
Date Assigned:	08/10/2015	Date of Injury:	05/14/2012
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/29/2015

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 57-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 14, 2012. In a Utilization Review report dated July 2, 2015, the claims administrator retrospectively denied drug testing performed on July 29, 2015. The drug testing at issue apparently included confirmatory and quantitative testing, the claims administrator suggested in its UR report. Drug testing was performed on June 18, 2015 and on July 17, 2014, it was acknowledged, the results of which were not clearly reported. The applicant was apparently using medications to include Flexeril, naproxen, Prilosec, and Norco, it was suggested on prescription forms of June 18, 2015 and July 17, 2014. Drug testing was performed on August 28, 2014, the results of which were, once again, not clearly stated. On July 30, 2014, the applicant again underwent drug testing. Confirmatory and quantitative drug testing to include non-standard drug testing of multiple different opioid, benzodiazepine, and antidepressant metabolites was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for date of service (dos) 07/29/14 for Urinalysis, GC/MS, Opiates, Ethyl Alcohol and Creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

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 drug testing performed on July 29, 2014 to include confirmatory and quantitative testing of opioids, ethyl alcohol, and creatinine was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option 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, however, the attending provider seemingly drug tested the applicant on what amounted to a monthly basis throughout mid-2014. A clear rationale for such frequent drug testing was not furnished. The GC/MS testing represented confirmatory/quantitative testing. The attending provider failed to furnish a rationale for such testing in the face of the unfavorable ODG position on the same. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.