

Case Number:	CM15-0147499		
Date Assigned:	08/10/2015	Date of Injury:	06/17/2008
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/30/2015

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 represented [REDACTED] employee who has filed a claim for chronic wrist and elbow pain reportedly associated with an industrial injury of June 17, 2008. In a Utilization Review report dated July 7, 2015, the claims administrator retrospectively denied quantitative drug testing apparently performed on June 26, 2014. The claims administrator referenced an RFA form received on June 10, 2015 in its determination. The applicant's attorney subsequently appealed. Drug testing performed on February 4, 2015 was surveyed and did include confirmatory and quantitative testing on multiple different opioid metabolites. Non- standard drug testing to include multiple benzodiazepine metabolites was also seemingly performed. In an RFA form dated February 6, 2015, Nucynta, Percocet, Prevacid and Flexeril were endorsed. In an associated progress note of February 4, 2015, the applicant reported ongoing complaints of upper extremity pain. The applicant was no longer working and had reportedly "retired," it was suggested. The applicant was smoking, it was also noted. Nucynta, Percocet, and Prevacid were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Quantitative drug screening, LC/MS method, DOS: 6/26/14: 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 quantitative drug testing performed on June 26, 2014 was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option to assess for the presence or absence of illegal drugs in chronic pain applicants, 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, attempt to conform to the best practices of [REDACTED] [REDACTED] when performing drug testing, 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 failed to furnish a clear or compelling rationale for pursuit of quantitative and confirmatory drug testing in the face of the unfavorable ODG position on the same. The attending provider did not state why nonstandard drug testing to include multiple different opioid and benzodiazepine metabolites was performed. Such testing did not conform to the best practices of the [REDACTED]. The attending provider did not explicitly state whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. Since multiple ODG criteria for pursuit of drug testing was not met, the request was not medically necessary.