

Case Number:	CM15-0183970		
Date Assigned:	10/02/2015	Date of Injury:	10/27/2010
Decision Date:	11/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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 61-year-old who has filed a claim for diabetes, atrial fibrillation, and gastritis reportedly associated with an industrial injury of October 27, 2010. In multiple Utilization Review reports dated August 20, 2015, the claims administrator failed to approve requests for a urinalysis/urine toxicology screen, confirmatory drug testing, and a follow-up visit of August 27, 2015. The claims administrator referenced an RFA form received on August 13, 2015 and an associated progress note of August 6, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 6, 2015 office visit, the applicant was deemed "totally disabled." The applicant reported issues with an irregularly irregular pulse, fatigue, and left-sided weakness. The applicant was given diagnoses of atrial fibrillation, gastritis, and diabetes mellitus. The applicants' medication list included Coumadin, digoxin, Prilosec, and sotalol. Physical therapy and a re-evaluation were endorsed. The applicant was apparently given a prescription for Glucovance. Urine drug testing to include confirmatory and quantitative testing were sought. The attending provider did not state when the applicant was last drug tested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis (urine toxicology): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for a urinalysis/urine toxicology screen (AKA urine drug screen) 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, to assess for the presence or absence of illegal drugs, here, however, the attending providers August 27, 2015 progress note made no mention of the applicants having chronic pain complaints. The applicant was described as having issues with left leg weakness, fatigue, malaise, and atrial fibrillation with associated irregularly irregular pulse. There was no mention of the applicants having chronic pain complaints for which drug testing could have been considered. ODG's Chronic Pain Chapter Urine Drug Testing topic further stipulates that an attending provider should 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 testing or drug panels he intended to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) 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, there was no mention of the applicants being a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. It was not stated when the applicant was last drug tested. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing. The attending providers RFA form of August 11, 2015, moreover, seemingly suggested that confirmatory and quantitative testing were being sought. The attending provider failed to pursue a clear or compelling rationale for such testing in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

Labs (GC/MS; LC/MS and ELISA technology for medical treatment and compliance):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for laboratory testing in the form of GC-MS, LC-MS, and ELISA testing was likewise not medically necessary, medically appropriate, or indicated here. The request in question represented a request for confirmatory and quantitative drug testing. As with the preceding request, while page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option to assess for the

presence or absence of illegal drugs in the chronic pain population, here, however, the attending providers August 8, 2015 progress note stated that the applicants operating diagnosis of atrial fibrillation, gastritis, thrombus, and non-insulin dependent diabetes. There was no mention of the applicants having chronic pain complaints present on or around the date of the request. While the MTUS does not specifically address the topic of confirmatory and/or quantitative testing as were seemingly at issue here in the form of the GC-MS, LC-MS, and ELISA testing at issue. ODG's Chronic Pain Chapter Urine Drug Testing topic stipulates that quantitative drug testing are "not recommended" for verifying compliance without evidence of necessity. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of quantitative testing in the face of the applicants: (a) seeming lack of chronic pain complaints, and (b) in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

Follow up visits on August 27, 2015: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Conversely, the request for a follow-up visit on August 27, 2015 was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose symptoms are not expected to change appreciably from week to week or visit to visit. Here, the applicant has a variety of issues to include atrial fibrillation, gastritis, diabetes mellitus, etc. The applicant had been apparently started on a blood sugar lowering medication, Glucovance, on August 6, 2015. A follow-up visit with the prescribing provider was, thus, indicated on several levels, including at a minimum, for medication management purposes. Therefore, the request was medically necessary.