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| Case Number: | CM15-0185401 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 10/05/2009 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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, Illinois

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 injured worker is a 65 year old female, who sustained an industrial injury on 10-5-09. She reported bilateral hand pain. The injured worker was diagnosed as having right shoulder rotator cuff repair on 9-7-10, bilateral knee arthritis pre-existing with significant traumatic flare up, left shoulder mild impingement, bilateral ankle sprain, right hand carpal tunnel release on 7-23-13, and left hand carpal tunnel release on 5-20-11. Treatment to date has included right thumb injections, right long finger trigger release on 2-25-15, Supartz injections, occupational therapy, and medication including Norvasc, Lipitor, Flonase, Diabeta, Prinivil, and Glucophage. On 7-17-13, the injured worker complained of hand joint pain. On 8-20-15 the treating physician requested authorization for retrospective urine toxicology quantitative and confirmatory for the date of service 8/6/15. The request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine Toxicology Quantitative and Confirmatory (DOS 8/6/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 10-5-09. The medical records provided indicate the diagnosis of right shoulder rotator cuff repair on 9-7-10, bilateral knee arthritis preexisting with significant traumatic flare up, left shoulder mild impingement, bilateral ankle sprain, right hand carpal tunnel release on 7-23-13, and left hand carpal tunnel release on 5-20-11. Treatment to date has included right thumb injections, right long finger trigger release on 2-25-15, Supartz injections, occupational therapy, and medication including Norvasc, Lipitor, Flonase, Diabeta, Prinivil, and Glucophage. The medical records provided for review do not indicate a medical necessity for Retro Urine Toxicology Quantitative and Confirmatory (DOS 8/6/15). The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS is silent on Quantitative and Confirmatory testing. The Official Disability Guidelines states that urine drug tests are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. These guidelines state that Confirmatory testing allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen. The Official Disability Guidelines recommends that confirmatory testing should not be done when point of care screen is appropriate for the prescribed drugs without evidence of non-prescribed substances; but recommends confirmatory test for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. The requisition sheet indicates the injured worker had been prescribed Percocet and Nabumetone, but the screening test was reported negative for Opioids. The official Disability Guidelines states that Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. Additionally, the Official Disability Guidelines recommends, as follows: 1. A detailed list of all drugs the patient is taking including over-the-counter drugs and herbal preparations must be included in the request accompanying the test. When using confirmatory testing, this allows for the lab to provide accurate assessment. The progress note should also indicate a complete list of drugs with the last time of use of specific drugs evaluated for. 2. There should be specific documentation for the necessity of confirmatory testing of drug class panels such as anti-depressants, benzodiazepines, acetaminophen and salicylates. Routine confirmatory screening of these classes of drugs is generally reserved for emergency department testing for overdose patients. Therefore, the requested test is not medically necessary since it does not meet the Guidelines recommendation.