

Case Number:	CM15-0216405		
Date Assigned:	11/06/2015	Date of Injury:	09/20/2011
Decision Date:	12/28/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/03/2015

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 [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of December 20, 2011. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for a random urine drug screen and lab blood work. The claims administrator referenced an August 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 29, 2015, drug testing was apparently performed. Confirmatory and quantitative drug testing were performed on a variety of different opioid and non-opioid metabolites to include hydromorphone, morphine, temazepam, and lorazepam. On August 19, 2015, drug testing was again performed. Once again, quantitative drug testing on a variety of opioid and non-opioid metabolites to include hydrocodone, hydromorphone, and lorazepam was performed. On an associated progress note dated August 19, 2015, the applicant reported ongoing issues with chronic ankle and knee pain. Large portions of the progress note were handwritten, difficult to follow, not altogether legible. Both unspecified laboratory testing and drug testing were seemingly sought while MS Contin and Norco were renewed and/or continued. The applicant's work status was not clearly reported, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen and lab blood work: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, and 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 random urine drug screen and unspecified lab blood work 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 in the chronic pain population to assess for the presence or absence of illegal drugs, 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, 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, attempt to conform to the best practices of the [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, confirmatory and quantitative testing were performed on the August 19, 2015 office visit at issue, despite the unfavorable ODG position on the same. The treating provider went on to perform subsequent drug testing approximately a month later, September 29, 2015. There was no mention of the applicant's being a higher-risk individual for whom such frequent drug testing would have been indicated, however. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the urine drug screen component of the request was not indicated. The lab blood work component of the request was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 acknowledges that various blood tests to include an ESR, CBC, and/or rheumatoid factor can be useful to screen for inflammatory and/or autoimmune source of the joint pain, the MTUS Guideline in ACOEM Chapter 9, page 208 qualifies its position by noting that such testing should be employed to confirm clinical impressions rather than purely a screening test in a shotgun attempt to clarify reasons for unexplained pain complaints. Here, the request for unspecified lab blood work and/or unspecified lab blood test was seemingly at odds with the MTUS Guideline in ACOEM Chapter 9, page 208 as the attending provider did not clearly state why such testing was being performed, nor did the attending provider state for what issue, diagnosis, purpose, and/or symptoms the unspecified lab blood work was proposed to assess. Since both the random urine drug screen and lab blood work components of the request were not indicated, the entire request was not indicated. Therefore, the request was not medically necessary.