

Case Number:	CM15-0048509		
Date Assigned:	03/20/2015	Date of Injury:	11/25/2012
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/13/2015

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:

In a Utilization Review Report dated February 26, 2015, the claims administrator failed to approve a request for urine drug testing. The claims administrator referenced an RFA form of February 13, 2015 in its determination. The claims administrator incidentally noted that the applicant had had prior shoulder surgery. The applicant's attorney subsequently appealed. In an RFA form dated February 13, 2015, urine drug testing was endorsed. In an associated progress note of the same date, February 13, 2015, the applicant reported 7/10 shoulder pain complaints. The applicant was placed off of work, on total temporary disability. The applicant's medication list was not detailed. The applicant was using unspecified topical compounds, the attending provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ##### ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

Decision rationale: No, the request for urine toxicology testing (AKA urine drug testing) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, should clearly identify when an applicant was last tested, and attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The attending provider did not state which drug tests and/or drug panels he intended to test for. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider made no attempt to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would have been indicated. Therefore, the request was not medically necessary.