

Case Number:	CM15-0085106		
Date Assigned:	05/07/2015	Date of Injury:	11/02/2011
Decision Date:	06/18/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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 51-year-old who has filed a claim for chronic shoulder, wrist, and elbow pain reportedly associated with an industrial injury of November 2, 2011. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve a urine drug screen apparently performed on March 6, 2015. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of shoulder, elbow, and wrist pain. The applicant was placed off of work, on total temporary disability, while a topical compounded medication was endorsed. The applicant's complete medication list was not, however, attached. On March 12, 2015, the applicant again reported ongoing complaints of shoulder, elbow, and wrist pain. Once again, the applicant was placed off of work, on total temporary disability. Topical Terocin was endorsed, along with the urine drug testing in question. Once again, the applicant's complete medication list was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen, provided on date of service: 03/06/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

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 retrospective request for urine drug screen performed on March 6, 2015 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 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 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, the applicant's complete medication list was not attached to the request for testing. It was not clearly established when the applicant had last been tested. There was no attempt made to categorize the applicant into higher or lower-risk categories for whom more or less frequent drug testing would have been indicated. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.