

Case Number:	CM14-0124650		
Date Assigned:	08/08/2014	Date of Injury:	03/27/2011
Decision Date:	10/28/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] mechanic who has filed a claim for chronic low back, elbow, and knee pain reportedly associated with an industrial injury of March 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; psychological counseling; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; opioid therapy; and anxiolytic medications. In a Utilization Review Report dated July 8, 2014, the claims administrator failed to approve a request for metabolic risk test and urinalysis. The applicant's attorney subsequently appealed. On February 13, 2014, the applicant was described as having a variety of mental health issues including anxiety, depression, despair, and feeling overwhelmed. Pamelor and Xanax were endorsed. The applicant's work status was not clearly stated, although the applicant did not appear to be working. On April 28, 2014, the applicant was described as using Pamelor, Xanax, and Toprol. On June 5, 2014, the applicant was described as having persistent complaints of low back and knee pain status post earlier knee arthroscopy. The applicant was using Duragesic, Pamelor, and Xanax, it was noted. The applicant was severely obese, standing 5 feet 5 inches tall, weighing 212 pounds. The applicant was placed off of work, on total temporary disability. Multiple medications were refilled. [REDACTED] Narcotic Risk test and urinalysis/urine drug testing were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro [REDACTED] Narcotic/Metabolick Rist Test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain topic Page(s): 42.

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing/genetic testing/metabolism testing is "not recommended" in the diagnosis of pain, including the chronic pain reportedly present here. It was not clearly stated how the Narcotic ██████████ Metabolism test influenced the treatment plan. It was not clearly stated what was sought via the testing in question, the results of which were not clearly reported, moreover. Therefore, the request was not medically necessary.

Retro Urinalysis: Upheld

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

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

Decision rationale: 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. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, and/or clearly state what drug tests and/or drug panels he is testing for and why. In this case, however, the attending provider did not state what drug tests and/or drug panels were sought. The attending provider did not state when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were seemingly not met, the request was not medically necessary.