

Case Number:	CM14-0162015		
Date Assigned:	10/07/2014	Date of Injury:	08/01/2013
Decision Date:	11/13/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/02/2014

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, has a subspecialty in Preventive 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] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a request for a random urine drug screen, both qualitative and quantitative. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant was given a rather proscriptive 20-pound lifting limitation while 12 sessions of physical therapy for the neck and shoulder were sought. It did not appear that the applicant was working with said limitations in place, although this was not clearly stated. In a September 25, 2014 progress note, authorization was sought for several medications, including tramadol, naproxen, Protonix, and Flexeril. Authorization was also retrospectively sought for urine drug testing, both quantitative and qualitative. In an earlier progress note dated August 29, 2014, the applicant was placed off of work, on total temporary disability. Urine drug testing of August 8, 2014 was reviewed and did include testing for 10-15 different opioid metabolites, 10 different benzodiazepine metabolites, and multiple antidepressant metabolites. Confirmatory and quantitative testings were performed in almost every range.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Drug Screen (Qualitative and Quantitative): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

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, confirmatory and/or quantitative testings are not recommended outside of the emergency department drug overdose context. ODG further notes that it is incumbent upon the attending provider to clearly state when an applicant was last tested, identify those drug tests or drug panels which he intends to test for, and eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context. In this case, no rationale was furnished for confirmatory and quantitative testing in the face of the unfavorable ODG position on the same. The testing for multiple different opioid, antidepressant, and benzodiazepine metabolites did not conform to the best practice of the DOT. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.