

Case Number:	CM13-0011492		
Date Assigned:	09/24/2013	Date of Injury:	07/28/2007
Decision Date:	01/29/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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 patient is a 43 year old male who kicked the door in July 2007 as a police officer and ended up having a tendon injury to his peroneal tendon complex. In summer of 2007, this was fixed surgically by [REDACTED]. He did pretty well and then he feels like in July 2011 he ended up tearing the tendon again and then October of that same year [REDACTED] again performed reconstruction surgery. At this time, he is using a cadaver tendon. He ended up having chronic injury and pain to that area of the right lateral ankle and ended up having a sural nerve resection in February of this last year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen: Amitriptyline, Benzodiazepines, Desipramine, Imipramine, Nortriptyline, Phenobarbital, Amphetamine or Methamphetamine, Cocaine or Metabolite, Chromatog/Spectrom-Anlyt, Dihydrocodenone, and Dihydromorphinone for date of service 6/12/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,76-77,85,94,89,51.

Decision rationale: Retrospective request for urine drug screen: Amitriptyline, Benzodiazepines, Desipramine, Imipramine, Nortriptyline, Phebarbital, Amphetamine or Methamphetamine, Cocaine or Metabolite, Chromatog/Spectom-Anlyt, Dihydrocodelnone and Dihydromorphinone for date of service 6/12/13 is medically necessary per MTUS guidelines. There is documentation that patient was taking Lorezepam on 12/13/12 which was prescribed. However on 2 subsequent urine tests (8/14/13 and 6/12/13) Lorazepam was detected but not documented as a prescribed medication and was therefore inconsistent. Per MTUS guidelines: urine drug testing can be performed: to monitor for Adverse behavior such as: (a) Selling prescription drugs, (b) Forging prescriptions, (c)Stealing drugs, (d) Using prescription drugs is ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources (Wisconsin, 2004) (Michna, 2004) (Chabal, 1997) (Portenoy, 1997) Additionally, MTUS states that urine drug screening is: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs."