

Case Number:	CM13-0061603		
Date Assigned:	12/30/2013	Date of Injury:	12/07/2011
Decision Date:	05/16/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 67-year-old female who reported an injury on 12/07/2011. The injured worker ultimately developed chronic regional pain syndrome of the right lower extremity. The injured worker was evaluated on 10/07/2013. It was documented that the injured worker only took over-the-counter Advil for pain relief. It was documented that the injured worker soaked her right foot in hot water to alleviate pain and swelling. Physical findings included a slightly discolored right foot in the 4th and 5th toes, normal-appearing left foot. The injured worker's diagnoses included right lower extremity chronic regional pain syndrome and right lower extremity pain. It was documented that the injured worker had failed conservative treatment and a spinal cord stimulator trial. However, the injured worker wished to continue to treat her injury conservatively. The request was made for a urine drug screen; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug testing for injured workers who have evidence upon physical examination of overuse or withdrawal, indications of illicit drug use, or require routine monitoring due to chronic opioid usage. The injured worker's most recent clinical evaluation did not provide any evidence of symptoms of overuse or withdrawal. There was no evidence of illicit drug use. Additionally, the injured worker is not taking any opioids or other medications that would require random urine drug screens. As such, the requested urine drug screen is not medically necessary or appropriate.