MAXIMUS Federal Services

Case Number:	CM14-0014326		
Date Assigned:	02/26/2014	Date of Injury:	04/14/2013
Decision Date:	07/21/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 Physical Medicine & Rehabilitaion and is licensed to practice in Minnesota. 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 45-year-old male who reported an injury after he fell off a ramp on 04/14/2013. The clinical note dated 12/02/2013 is largely illegible. The diagnoses indicated were lumbar spine sprain/strain rule out radiculopathy, right sprain/strain, and right tibia/fibula fracture. The injured worker reported right ankle pain 9/10 described as sharp that was worse when walking upstairs, lumbar spine pain that was constant and worse with prolonged standing, and right lower leg pain rated 8/10 that was sharp. On physical examination of the lumbar spine, there was tenderness to palpation, L3-S1 myospasms, there was tenderness to palpation to the right tibia/fibula, and pain with range of motion. The injured worker was prescribed topical compounds. The prior treatments included diagnostic imaging and topical medication management. The provider submitted a request for a urine drug screen for date of service 12/10/2013. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN (UDS) FOR DOS 12/10/2013: Upheld

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

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

Decision rationale: The request for URINE DRUG SCREEN (UDS) FOR DOS 12/10/2013 is non-certified. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. In addition, the documentation submitted did not indicate when the last urine drug screen was performed. Additionally, there is no evidence of opioid use. Therefore, the request for urine drug screen for date of service 12/10/2013 is non-certified.