

Case Number:	CM14-0120219		
Date Assigned:	08/06/2014	Date of Injury:	08/30/2002
Decision Date:	10/02/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family Practice 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 62 year old male who reported an injury on 08/30/2002. The mechanism of injury was not indicated. The injured worker had diagnoses including complex regional pain syndrome type I and right ankle pain. Prior treatment and diagnostic studies were not provided with medical records. The injured worker underwent open reduction and internal fixation of a right medial malleolus fracture 09/30/2002 and hardware removal. The injured worker complained of pain in the right ankle and foot pain. The injured worker rated his ankle pain 8/10. The clinical note dated 05/30/2014 noted the injured worker had frequent night spasms and tightening in the calf especially at night and in cold weather. He had right foot tenderness and dysesthesias to light touch to the medial malleolus along the scar line and some stiffness in the motion of the ankle. He did have good strength in his toes, but otherwise symptoms are unchanged. The injured worker was doing fine with the decrease of Soma and Gabapentin was helping him with his pain at night. The injured worker was able to do his own activities of daily living and light house work. Medications included Gabapentin, Hydrocodone and Soma. The treatment plan included a request for Orthopedic Shoes with Arch Support and Urine Drug Screen 3-4x a year x 9 units. The rationale for the request was to help support the injured worker's right ankle and disability and allow him to increase his activity and decrease his pain level and to help the injured worker to maintain continuity with his pain contract. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen 3-4x a year x 9 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Urine Drug Screen 3-4x a year x 9 units is not medically necessary. The California MTUS Guidelines recommend a drug test as an option to assess for the use or the presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids, for ongoing 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. There is a lack of documentation demonstrating when a urine drug screen was last performed as well as the results of prior screening. Therefore, the request is not medically necessary.