

Case Number:	CM14-0175223		
Date Assigned:	10/29/2014	Date of Injury:	02/13/2014
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/22/2014

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 & Rehabilitation 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 injured worker is a 45 year old female who reported an injury on 02/13/2014. The injury reportedly occurred when her left foot was caught in a pallet and she fell. Her diagnoses included status post distal tibia and anterior talus saucerization. Her past treatments have included surgery of the left ankle, work modifications, medications and physical therapy. Diagnostic studies included an x-ray dated 09/22/14 that showed successful saucerization of the distal tibia and talus and magnetic resonance imaging of the of the left ankle on an unspecified date revealed internal disruption. Her surgical history included left ankle reconstructive ligament surgery. A physical examination on 09/22/2014 the injured worker was noted to have an evaluation of the left ankle and have been non-weight bearing in a cast. Upon further examination, she was noted to have well healing surgical incisions of the left ankle and intact sensation. Her current medication history included ibuprofen, cyclobenzaprine, naproxen, omeprazole, and topical analgesic creams. The treatment plan included transitioning the injured worker to a Aircast Cam boot walker, a compression sock to the knee and aquatherapy. The rationale for the request for Monthly Urine Drug Screens (to include: chromatography, opiates alcohol creatinine, urinalysis) was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Urine Drug Screens (to include: chromatography, opiates, alcohol, creatinine, urinalysis): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Urine Drug Screen

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

Decision rationale: The injured worker had reconstructive surgery to her left ankle and was noted to be progressing well. The California MTUS Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines recommend screening tests for the risk of misuse of prescription opioids and/or aberrant drug behavior, prior to initiating opioid therapy and with ongoing therapy. The clinical documentation submitted documented that the injured worker was only taking ibuprofen as of 09/15/2014 and no longer taking tramadol. Additionally, it was documented that a topical analgesic cream was added in order to avoid narcotic use and not to increase any pain medications. Documentation further indicates that the injured worker has ceased alcohol consumption since the date of her injury on 02/13/2014. There is no clinical documentation of the use of opioids or aberrant behavior. Additionally, the request as written for monthly urine drug screens did not include a total number of test; thereby making the request indefinite. As such, the request for Monthly Urine Drug Screens (to include: chromatography, opiates alcohol, creatinine urinalysis) is not medically necessary.