

Case Number:	CM14-0031086		
Date Assigned:	06/20/2014	Date of Injury:	06/11/2012
Decision Date:	08/20/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on June 11, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated December 20, 2013, indicated that there were ongoing complaints of pain and swelling in the left foot and ankle. The physical examination demonstrated an antalgic gait and tenderness over the posterior lateral aspect of the left ankle. There was decreased sensation at the left L5 and S1 nerve distribution. The injured employee had a previous urine drug screen, dated November 12, 2013, which was found to be within normal limits. Diagnostic imaging studies were not reviewed during this visit. A request had been made for a urine drug screen test and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Test, completed on 12/31/2013: Upheld

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

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

Decision rationale: As the injured employee has had a recent urine drug screen dated November 12, 2013, which was stated to be normal and did not detect any unexpected medication metabolites, that it is unclear why another urine drug screen is requested on December 31, 2013. Without additional justification, this request for a urine drug screen is not medically necessary.