

Case Number:	CM14-0035698		
Date Assigned:	06/23/2014	Date of Injury:	09/30/2012
Decision Date:	08/11/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Rehabilitation, has a subspecialty in Pain 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 23 year old male who sustained work related injuries on 09/30/12. On this date it was reported that his left foot was run over by a motor vehicle. He sustained injuries to the left foot, ankle, and left knee. The record included a magnetic resonance image of the left knee dated 06/05/13 which was normal. Magnetic resonance of the left foot dated 03/19/13 was again unremarkable. The record further included a urine drug screen dated 09/23/13 which was negative for any medications whatsoever. The record included a request for urine drug screen which was non-certified under utilization review on 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker is a 23 year old male who has chronically been maintained on opiate medications with subjective reports of pain. As such, per California Medical Treatment Utilization Schedule the injured worker

requires periodic toxicology screening to assess for compliance. As the last documented urine drug screen was dated 09/23/13. A random or repeat urine drug screen is clinically indicated and supported under California Medical Treatment Utilization Schedule as the injured worker continues to be prescribed opiate medications. Therefore, the request for Urine Toxicology Test is medically necessary and appropriate.