

Case Number:	CM14-0055495		
Date Assigned:	07/09/2014	Date of Injury:	09/05/2013
Decision Date:	08/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/24/2014

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 & Rehab and is licensed to practice in Nevada. 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 56 year-old male who was reportedly injured on 9/5/2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 5/20/2014, indicates that there are ongoing complaints of left foot and ankle pain. The physical examination demonstrated little: positive scarring of the dorsal aspect of the patient's foot. There is positive tenderness to palpation at the 2nd, 3rd and 4th metatarsal with minimal swelling. Patient states sensory loss in the 2nd digit. Diagnostic imaging studies mentioned status post fracture of the metatarsal 2nd, 3rd, and 4th. Previous treatment includes medication, and conservative treatment. A request was made for chromatography lab and was not certified in the pre-authorization process on 3/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab, chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Treatment/Disability Duration Guidelines Pain (Chronic).

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

Decision rationale: Urine drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. After review of the medical records provided is noted the patient is compliant with his current drug regimen, in most recent urine toxicology screens dated 4/22/2014. The most recent urine toxicology screen appears to test positive for drugs that are currently prescribed, therefore a chromatography lab is not warranted as medically necessary at this time.