MAXIMUS Federal Services

Case Number:	CM14-0077824		
Date Assigned:	07/18/2014	Date of Injury:	01/08/2012
Decision Date:	08/25/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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 Georgia and 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 46-year-old female who reported an injury on 01/08/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/03/2014 indicated diagnoses of left foot sprain and bilateral plantar fasciitis with left foot being more severe. The injured worker reported persistent left foot and ankle pain described a burning with pins and needs, rating severity of pain as 7 to 8 on a pain scale. Due to overcompensation, she reported she injured her right ankle and described her right ankle pain as aching and rated her right ankle pain as 8/10. The injured worker reported burning in the low back with pins and needles, rating the severity of the pain as 5/10. She reported aching pain in the right hip rated 6/10. On the physical exam, ankle ligament complex tenderness was noted on the medial and lateral side with metatarsal tenderness present. There was tenderness present over the medial and lateral aspect and plantar surface with swelling on the lateral aspect. The arch of the injured worker's foot was pronated with flattening. The injured worker's Tinel's sign was positive. The injured worker's insertion was tender at the Achilles tendon. The plantar fascial tension sign was present. The injured worker's ankle range of motion was limited, and the injured worker's sensory examination was diffusely decreased. The clinical note dated 05/08/2014 indicated the injured worker reported left foot pain, which was described as stabbing, and rated at 5/10 to 7/10, and complained of right foot pain rated 2/10 to 5/10. The unofficial laboratory results were reviewed. The PCA urinalysis reported dated 04/08/2014 revealed the patient was inconsistent with prescription therapy for amitriptyline and nortriptyline and bupropion as these were detected but not reported as prescribed. The injured worker was inconsistent with prescription therapy for hydrocodone as it was not detected but was reported as prescribed. Prior treatments included diagnostic imaging and medication management. Medication regimen included Coumadin, Norco, Tylenol No. 3, Wellbutrin, Restoril, Neurontin

Pepcid, nortriptyline, docusate, and ProAmatine. The provider submitted a request for retrospective urinalysis. A Request for Authorization dated 04/03/2014 was submitted for urinalysis. However, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urinalysis (DOS: 4/3/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers' Compensation), Pain Procedure Summary.

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

Decision rationale: The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The California MTUS guidelines support urine drug screen in the routine monitoring of injured workers on chronic opioids in certain situations including evidence of aberrant behavior, and/or cases of inadequate response to opioids. Therefore, the request for urine urinalysis (DOS: 4/13/14) is medically necessary and appropriate.

Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers' Compensation), Pain Procedure Summary.

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

Decision rationale: The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The injured worker was inconsistent with prescription therapy with the urinalysis report date of 04/08/2014, routine monitoring is evident. Therefore, the request for urine drug screen is medically necessary and appropriate.