

Case Number:	CM14-0002464		
Date Assigned:	01/24/2014	Date of Injury:	04/29/2009
Decision Date:	02/27/2015	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old male was injured 4/29/09 while working as a professional tree trimmer the tree limb broke causing him to fall 20-25 feet head first. He sustained fracture of the left femoral head (S/P open reduction internal fixation (ORIF)), left knee ligament tears, bilateral wrist fractures (S/P ORIF with plating. He was treated with physical therapy X 20 sessions and Norco. Currently experiencing constant left hip, wrist, knee and shoulder pain that was described as aching, burning, stabbing with paresthesia. The pain intensity was 5-9/10 in the wrists; 6/10 in the left hip and 3/20 in the left shoulder. The range of motion of the left wrist was decreased; left hip, shoulder and neck full active and passive range of motion. There was decreased sensation to pin prick and light touch along left lateral thumb, wrist and forearm. Diagnoses include residual chronic pain- s/p multiple fractures; s/p multiple ORIF; lumbago; lumbar and cervical strain; pain in joint involving shoulder, forearm, hand, wrist, pelvic region, thigh, lower leg. .Current medications include naproxyn, Norco and docuprine. He was able to perform activities of daily living with medications. Drug screen from 11/22/13 revealed positive results for cocaine, marijuana, methamphetamine and opiates. Results were addressed with injured worker. The injured worker is temporarily totally disabled. On 12/11/13 Utilization Review (UR) non-certified a request for urgent 12 panel test based on no documentation as to the policy in his office regarding how often a drug screen is done on patients on opiates, when such drug screen was done on this injured worker and with what results and why such an extensive screen is being requested. MTUS Chronic pain Medical treatment Guidelines was referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE PANEL TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Pain Section, Urine drug screen

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, a 12-panel test (urine drug screen) is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are residual chronic pain, status post multiple fractures; status post multiple ORIF's; lumbar sprain; cervical sprain; pain in joint involving shoulder region; pain in joint, forearm; pain in joint involving hand; status post wrist fracture, status post ORIF; pain in joint involving pelvic region and thigh, status post THR; pain in joint involving lower leg, status post knee contusion; and sprain of median collateral ligament of knee. The documentation showed a urine drug screen from November 22, 2013. Urine drug screen was positive for cocaine, methamphetamine, cannabis, and opiates. The injured worker's prescribe medication was Norco, Anaprox DS and Dofoprene. The medical records did not contain documentation regarding the abnormal urine drug toxicology screen. There is no subsequent plan of care in the medical record as a consequence of the abnormal urine drug screen. The documentation did not contain a risk assessment pertaining to the abnormal (inconsistent) urine drug toxicology screen. The treatment plan from December 9, 2013 indicated "refill medications". Consequently, absent clinical documentation to support an alteration in the plan of care as a result of the initial inconsistent urine drug toxicology screen positive for cocaine and methamphetamine (and the prescribe Norco), a 12 panel test (follow up urine drug screen) Is not medically necessary.