

Case Number:	CM14-0109363		
Date Assigned:	08/01/2014	Date of Injury:	03/30/2009
Decision Date:	01/28/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 New Jersey. 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 worker is a 55 year old male who was injured on 3/30/2009. He was diagnosed with lumbago, lumbar sprain/strain, plantar fasciitis, ankle/foot arthralgia, osteoarthritis ankle/foot, and tarsal tunnel syndrome. He was later diagnosed with reflex sympathetic dystrophy. He was treated with medications, bone stimulation, and physical therapy (home exercises). On 6/5/14, the worker was seen by his treating orthopedic physician reporting continual low back pain, and bilateral ankle pain. He reported using Ketoprofen cream, Prilosec, gabapentin, bupropion, and Tylenol. He was then recommended repeat EMG/NCV and a urine drug screening test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids. Page(s): 43, 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in

patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no evidence found in the notes available for review suggesting this worker was taking an opioid medication, nor of any abnormal behaviors that would have warranted an investigation into his actual medication use. Therefore, the urine drug screen test is not medically necessary.