

Case Number:	CM14-0181893		
Date Assigned:	11/06/2014	Date of Injury:	04/02/1991
Decision Date:	02/04/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine and is licensed to practice in Arizona. 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 49 year old male who was injured on 4/2/91. He was performing his usual duties when an operator drove over a tubing bailer which moved abruptly and trapped the injured workers right ankle between the tubing bailer and a flow line. He sustained a twist and crush injury to his right ankle. He had immediate pain and was unable to bear weight. He was diagnosed as having a bi-malleolar ankle fracture and he underwent open reduction and internal fixation. He eventually developed sympathetic dystrophy of the right foot and ankle. He was managed on meds and epidural sympathetic blocks with temporary relief. He was referred to general surgeon for unilateral sympathectomy, however the patient did not achieve complete relief. He was then referred to pain management where he was treated with narcotic pain medications and epidural narcotics. However due to side effects this was changed to epidural spinal cord stimulator which ended up having to be removed due to infection. He then had placement of a narcotic pump to be used for continuous epidural infusion. He was maintained on this for many years, he was eventually diagnosed as having prescription narcotic dependence among other things and he eventually underwent narcotic detoxification in 2011. He has had non-healing of his pain pump incision site leading him to follow up with wound care. He continues to have ongoing pain and is following with multiple specialists. His physical exam performed on 1/14/2014 revealed visible spasms of the muscles of the calves. The request is for Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Pain Procedure Summary Isat updated 10/2/14

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

Decision rationale: Per the MTUS drug testing is recommended as an option for patients with chronic pain to assess for the use of illegal drugs, to screen for the risk of addiction and to avoid misuse and addiction, the injured worker has had a complicated pain history with a diagnosis of prescription narcotic dependence, therefore based on the injured workers clinical history and the guidelines, the request for Urine Drug Screen is medically necessary.