

Case Number:	CM14-0209410		
Date Assigned:	12/22/2014	Date of Injury:	07/16/2014
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 56 year old female who was injured at work on 07/16/2014. The injured worker is reported to be complaining moderately severe pain in her left foot and toes. The pain is intermittent, worse by touch, but improves with rest. The physical examination revealed point tenderness in the left foot- dorsal foot with tip, slight swelling, and normal range of motion of the toes. The worker has been diagnosed of contusion of left foot, and contusion of left toe. Treatments have included physical therapy, Acupuncture, Ibuprofen, Topical Analgesics, and referral to pain specialist. At dispute is the request for Chromatography, Quantitative - Labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative - Labs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 07/16/2014. The medical records provided indicate the diagnosis of contusion of left foot, and contusion of left toe. The medical records provided for review do not indicate a medical necessity for Chromatography, Quantitative - Labs. The MTUS is silent on this topic, though it mentioned drug testing. The Official Disability Guidelines states that urine drug screen is "recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws". The Official Disability Guidelines further states, that confirmatory testing are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. Therefore, confirmatory testing is done when there is dispute about the presence of a drug in a tested urine sample, as in (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. Therefore, the requested test is not medically necessary and appropriate for the following reasons: there is no indication from the submitted medical records that the injured worker is at high risk for opioid addiction; the records do not indicate the injured worker is on opioids; the records do not indicate the injured worker had a urine drug screen; the records do not indicate there is dispute about a urine drug screen.