

Case Number:	CM15-0009281		
Date Assigned:	01/27/2015	Date of Injury:	07/26/2013
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 07/26/2013. On provider visit dated 10/10/2014 the injured worker has reported pain in right ankle aggravated with prolonged walking. On examination he was noted to have a decreased of range of motion of right ankle, and tenderness. The diagnoses have included crush trauma to right foot, wound laceration right foot, plantar bursitis right foot and right foot and ankle sprain/strain rule out tarsal tunnel syndrome. Treatment to date has included medication, physical therapy and request for functional capacity evaluation. On 12/17/2014 Utilization Review non-certified Chromatography, quantitative 42 units. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, quantitative 42 units: Upheld

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

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

Decision rationale: According to the physician visit note of 8/29/2014, this worker was taking Norco, Anaprox and Prilosec. The physician stated he had the patient tested for medications currently in their system to monitor compliance with the pharmacological regime as well as identify any possible drug interactions related to multiple prescribing physicians. He tested for anti-convulsants, antidepressants, benzodiazepines, barbituates, methadone, methylphenidate, opiates, oxycodone, propoxyphene, sedative/hypnotic agents and miscellaneous narcotics. The results of the test are not available for review. According to the Chronic Pain Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. It is particularly recommended in the prescribing of opioids when there are issues of abuse, addiction, or poor pain control. There is no indication from the record that there was any indications of abuse, addiction, poor pain control or non-compliance. The Guidelines do not discuss use of a urine drug screen to identify possible drug interactions related to multiple prescribing physicians. In summary, there is a lack of adequate justification for this drug screen.