

<b>Case Number:</b>	CM15-0162000		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/14/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: 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 59 year old female sustained an industrial injury to he left knee on 9-14-11. The injured worker underwent left knee arthroscopy with partial meniscectomy. Following the procedure, the injured worker developed left foot pain and was diagnosed with a neuroma. Additional treatment included foot surgery times three, physical therapy, orthotics and medications. In the most recent documentation submitted for review, a PR-2 dated 2-19-15, the injured worker presented for follow-up. The injured worker had been fitted with a Hapad orthotic during the previous office visit. The injured worker reported that the Hapad orthotic was helpful. Physical exam was remarkable for left foot with tenderness to palpation along the 2nd metatarsophalangeal joint and slight tenderness to palpation over lying the tibial and fibular sesanoid with intact neurovascular exam. Current diagnoses included left foot metatarsalgia and status post left foot surgery times three secondary to Horton neuroma, bunionectomy and hardware removal. The treatment plan included custom fit orthotics. Medications prescriptions were not included in the treatment plan. On 6-30-15, a urine drug screen was performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Urine drug screen (DOS: 06/30/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing date of service June 30, 2015 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy workers, 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. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnoses are left foot metatarsalgia; status post left foot surgery times three secondary to Morton's neuroma; bunionectomy with hardware removal. The date of injury is September 14, 2011. Request for authorization is July 9, 2015. There is a single progress note by the requesting provider dated January 2, 2015. There is no progress note documentation on or about June 30, 2015 by the requesting provider. The documentation indicates the injured worker had a urine drug screen June 25, 2015. According to a progress note dated February 11, 2015 (by a different provider), there is no documentation of aberrant drug-related behavior, drug misuse or abuse or a risk assessment. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation of aberrant drug-related behavior, drug misuse or abuse or a contemporary progress note by the requesting provider on or about June 30, 2015, retrospective urine drug testing date of service June 30, 2015 is not medically necessary.