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| Case Number: | CM15-0166784 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 09/09/2012 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 07/30/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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

Certification(s)/Specialty: Emergency 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 43 year old female, who sustained an industrial injury on 9-9-2012. Diagnoses have included right foot strain, diffuse muscle twitching, subjectively, antalgic gait pattern and plantar fasciitis. Treatment to date has included medication. According to the progress report dated 7-9-2015, the injured worker complained of persistent pain in the right ankle and foot. She rated the pain as nine out of ten. The pain was made better with rest and medications. She reported that Tramadol helped her pain from a nine down to a four or five. Physical exam revealed palpable tenderness over the Achilles tendon insertion, retrocalcaneal area and plantar fascia. Authorization was requested for a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, Drug testing.

Decision rationale: The requested Urine toxicology screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has persistent pain in the right ankle and foot. She rated the pain as nine out of ten. The pain was made better with rest and medications. She reported that Tramadol helped her pain from a nine down to a four or five. Physical exam revealed palpable tenderness over the Achilles tendon insertion, retrocalcaneal area and plantar fascia. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of neither the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine toxicology screen is not medically necessary.