

Case Number:	CM15-0180054		
Date Assigned:	09/21/2015	Date of Injury:	11/11/2008
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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, North Carolina
 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 63 year old male, who sustained an industrial injury on November 11, 2008, incurring upper and lower back and foot injuries. He was diagnosed with cervicalgia, lumbar disc displacement and metatarsal fractures of the left foot. He underwent open reduction and internal fixation of the metatarsal fractures of the left foot. Treatment included physical therapy and home exercise program, anti-inflammatory drugs, pain medications, antidepressants, neuropathic medications, and topical analgesic patches, orthotics, supportive shoes and modified work duties. Currently, the injured worker complained of persistent burning pain of both feet with tingling pain that radiated into his ankles and calves. He rated his pain 5 out of 10 with medications and 8 out 10 without medications. The increased foot pain had interfered with any activities of daily living secondary to the constant burning in his feet. The treatment plan that was requested for authorization on September 14, 2015, included a retrospective urine drug screen from August 19, 2015. On August 26, 2015, a request for a retrospective urine drug screen was.

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: 8/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 web based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for use of of urine drug testing (UDS).

Decision rationale: CA MTUS recommends urine drug testing (UDS) as an option to assess for the use or the presence of illegal drugs. While MTUS Guidelines do not specifically address how frequently UDS should be obtained from various risks of opiate users, ODG provides a clearer guideline for low risk opiate users. It recommends once yearly screening following initial screening within the first six months of chronic opiate use. In this case, the patient has not been stratified according to risk, however appears to be low risk. There is no addiction-related or aberrant behavior. There is no mention of suspicious drug use, compliance problems or drug diversion. The patient appears to be taking the opiates as prescribed, supporting the low risk status. It is unclear why a UDS more frequently than yearly is medically necessary. Therefore the request is not medically necessary.