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| Case Number: | CM15-0191058 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 02/15/2010 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 2-15-10. The documentation on 7-23-15 noted that the injured worker has complaints of right ankle pain. The injured worker states that without medications the pain is 5 out of 10 and with the medications is a 2 out of 10. The documentation noted that she is able to walk more and exercise. Exam of the right ankle reveals a healed posteromedial incision, with incision also noted with inferior gastrosoleus and the tibialis still at medial and lateral ankle. The diagnoses have included right ankle chronic sprain and strain; right ankle internal derangement; right tarsal tunnel syndrome and status post right ankle surgery. Treatment to date has included status post- surgery right ankle 10-8-13; norco for pain; prilosec for reflux and flexeril for muscle spasms. The original utilization review (9-16-15) non-certified request for retrospective request for labs, date of service 03-11-15 to 06-09-15 and retrospective request for urinalysis testing, date of service 03-11-15 to 6-09-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Labs, DOS: 03/11/15-06/09/15: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Medications for acute pain (analgesics); Medications for subacute & chronic pain; NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: MTUS Guidelines do not support the treatment plan of ongoing chronic pharmacotherapy with as chronic use can alter renal or hepatic function. Blood chemistry may be appropriate to monitor this patient; however, there is no documentation of significant medical history or red-flag conditions to warrant for a metabolic panel. The provider does not describe any subjective complaints besides pain, clinical findings, specific diagnosis, or treatment plan involving possible metabolic disturbances, hepatic, renal, arthritic or autoimmune disease to support the lab works as it relates to the musculoskeletal injuries sustained in 2010. It is not recorded that the patient is prescribed any NSAIDs; nevertheless, occult blood testing has very low specificity regarding upper GI complications associated with NSAIDs. The Retrospective request for Labs, DOS: 03/11/15-06/09/15 is not medically necessary and appropriate.

Retrospective request for UA Testing, DOS: 03/11/15-06/09/15: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Drug Testing; Opioids screening for risk of addiction (tests); Opioids, differentiation: dependence & addiction; Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term analgesics for this chronic 2010 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Retrospective request for UA Testing, DOS: 03/11/15-06/09/15 is not medically necessary and appropriate.

