

Case Number:	CM15-0196929		
Date Assigned:	10/12/2015	Date of Injury:	09/19/2012
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, California
 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 61 year old male, who sustained an industrial injury on 9-19-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain-strain, chronic left ankle sprain, left knee arthritis, and status post left total knee replacement. On 6-29-2015, the injured worker reported lumbar spine, left knee, and left ankle pain with lumbar spine pain radiating to the left leg, and pain rated 4-6 out of 10. The Primary Treating Physician's report dated 6-29-2015, noted the injured worker's pain was made better with therapy, rest, and medication. The injured worker's current medications were noted to include Tylenol #3 that helped reduce the pain from a 7 down to 3 or 4. The physical examination was noted to show tenderness to palpation over the left ankle medial and lateral compartments with full active range of motion (ROM). The Physician noted pending authorization for massage therapy and a urine toxicology screen. Prior treatments have included at least 12 sessions of physical therapy and aqua therapy. The treatment plan was noted to include a prescription for Tylenol #3, continued physical therapy for the left knee and ankle, and request authorization for a compound topical cream. On 12-31-2014 and 6-1-2015, urine toxicology screens were requested. A urine toxicology screen was noted to have been performed on 4-9-2015. The injured worker's work status was noted to be not currently working. The documentation provided did not include urine toxicology reports. The request for authorization dated 9-4-2015, requested a urine toxicology screen. The Utilization Review (UR) dated 9-14-2015, denied the request 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 (RFA 9/4/15): Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated non-compliance, substance abuse or other inappropriate activity. Based on the above references and clinical history, a urine toxicology screen on 9/4/15 is not medically necessary.