

Case Number:	CM15-0200086		
Date Assigned:	10/15/2015	Date of Injury:	11/30/2010
Decision Date:	12/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/12/2015

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, Texas
 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:

The injured worker is a 51 year old male, who sustained an industrial-work injury on 11-30-10. He reported initial complaints of pelvic pain with crush injury resulting in right foot drop and toe pain. The injured worker was diagnosed as having bilateral pelvic fracture and bladder rupture bulbar urethroplasty on 10-21-11 and 10-21-11. Treatment to date has included medication, psychiatry and podiatry consultation, surgery, and diagnostics. Currently, the injured worker complains of Medications included Zolpidem 10 mg, Lorazepam 1 mg, Alprazolam 2 mg and Fluoxetine 10 mg. Per the primary physician's progress report (PR-2) on 7-16-15, exam notes right foot drop and flat foot with decreased sensation and nerve neuropathy secondary to crush injury of the pelvis. Exam on 8-20-15 notes blister to right toe is improving, continued foot drop. No urological symptoms were reported. Current plan of care includes podiatry, orthopedic surgical foot consultation, diabetic shoes, and modified verses new AFO (orthosis), and urinalysis. The Request for Authorization requested service to include Urinalysis. The Utilization Review on 9-11-15 denied the request for Urinalysis, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, (Chronic), Urine Drug Testing (UDT).

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

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case, the documentation doesn't support that the provider is concerned regarding drug misuse or abuse. The medical necessity for urinalysis is not made.