

Case Number:	CM15-0201769		
Date Assigned:	10/16/2015	Date of Injury:	08/27/2012
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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: Preventive Medicine, Occupational 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:

This 65 year old female sustained an industrial injury on 8-27-12. Documentation indicated that the injured worker was receiving treatment for chronic right ankle sprain and strain, right ankle osteochondral defect, history of right ankle oblique fracture and right plantar fasciitis. Recent treatment consisted of physical therapy, extracorporeal shockwave therapy and topical compound cream. In a qualified medical evaluation dated 6-12-15, the injured worker complained of persistent right ankle pain. The injured worker self-medicated with over the counter analgesics. Physical exam was remarkable for right ankle with tenderness to palpation, swelling and range of motion: flexion 31 degrees, extension 17 degrees and inversion and eversion 14 to 15 degrees and right foot with tenderness to palpation over the plantar area. The physician noted that the injured worker's last office visit was 12-17-14. The physician prescribed topical compound cream (Flurbi cream). In a PR-2 dated 9-2-15, the injured worker complained of right ankle and foot pain, rated 4 out of 10 on the visual analog scale. Physical exam was remarkable for grade two tenderness to palpation to the right ankle and foot with "restricted" range of motion to the right ankle. The injured worker stated that extracorporeal shockwave therapy helped to decrease her pain and tenderness and increased her range of motion by 20%. The treatment plan included continuing physical therapy, a prescription for Flurbi cream. Urine toxicology testing was administered for medication monitoring. On 9-18-15, Utilization Review noncertified a request for retrospective urine toxicology for DOS: 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine toxicology DOS 9/2/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, it is unclear why a urine drug screen is being requested, as the only medication the injured worker is/was prescribed is a topical cream. The request for retrospective request for urine toxicology DOS 9/2/15 is determined to not be medically necessary.