

Case Number:	CM15-0052915		
Date Assigned:	03/26/2015	Date of Injury:	04/27/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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, Indiana, New York
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 33 year old male, who sustained an industrial injury on 4/27/2013. He reported his foot was run over by a forklift. The injured worker was diagnosed as plantar fasciitis, status post right foot crush injury, avulsion fracture of the navicular with subsequent infection and surgery. Recent electromyography (EMG) showed sural neuropathy. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 1/21/2015, the injured worker complains of right ankle and foot pain. The treating physician is requesting a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines Page(s): 43, 98-99, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are status post right foot crush injury, avulsion fracture of navicular bone gave you go on with subsequent infection and surgery; rule out reflex sympathetic dystrophy versus neurologic damage; sural neuropathy; and plantar fasciitis. The documentation shows the injured worker had a urine drug screen on September 3, 2014, December 10, 2014, and January 28, 2015. The injured worker was not taking any controlled substances (i.e. opiates, muscle relaxants) at that time. The requesting provider ordered a urine drug screen on January 21, 2015. The injured worker was taking Motrin and using topical analgesics. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. There is no clinical indication or rationale for urine drug toxicology screen. Consequently, absent clinical documentation with a clinical indication and/or rationale for the urine drug screens in the absence of a risk assessment, urine drug testing is not medically necessary.