

Case Number:	CM14-0139459		
Date Assigned:	09/05/2014	Date of Injury:	08/26/2008
Decision Date:	10/09/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 08/26/2008 due to an unknown mechanism. Diagnoses were status post right ankle arthroscopy 06/27/2014, instability of the right ankle, MRI confirmed osteochondral defect of the right ankle, MRI confirmed stress fracture of the talus, MRI confirmed arthritic changes of the ankle joint, and osteochondral fracture, intraoperative confirmed. The injured worker had surgery on her right ankle on 06/27/2014. The physical examination on 07/15/2014 revealed that the injured worker was ambulating with full weight bearing status with the use of a walker. The examination revealed the Achilles and patellar reflexes were 2+/4 bilaterally and symmetrically. Babinski was not present, and clonus was not elicited. Muscle strength was within normal limits for all extrinsic and intrinsic musculature. Medications were not reported. The injured worker was instructed to continue full weight bearing. The injured worker will begin physical therapy 3 times a week for a period of 8 weeks. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen, chromatography, opiates and creatinine performed 06/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The injured worker had a urine drug screen on 06/27/2014 that revealed medications prescribed (Cyclobenzaprine and Lorazepam) and detected medications not reported as prescribed were Hydrocodone and Hydromorphone. The injured worker's medications were not reported on the progress report. There were no reported of aberrant drug taking behaviors reported. The decision for a retrospective request for a urine drug screen, chromatography, opiates and creatinine, performed 06/11/2014 is not medically necessary.