

Case Number:	CM15-0174685		
Date Assigned:	09/25/2015	Date of Injury:	07/25/2011
Decision Date:	11/12/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 7-25-2011. The injured worker was being treated for chronic left ankle pain with neuropathic pain. On 7-27-2015, the injured worker reported his left ankle slipped out of place on the day prior so he was wearing an old and worn out CAM walker boot. He reported burning, stabbing, aching, and numb pain diffusely in the left ankle with worse burning on this day. He reports trying to avoiding Norco and he hadn't taken any for a few days. Standing, walking, bending, and lifting worsen his pain and bracing, lying down, heat, ice, and medication can improve his pain. His pain was rated 8-9 out of 10 without medications and 5-7 out of 10 with medications. The physical exam (7-27-2015) revealed a decreased left Achilles reflex, decreased strength of the left ankle, multiple scars over the medial and lateral malleolus areas, and most of his pain was just distal to the medial and lateral malleolus and posterolateral malleolus. There was limited left ankle mobility and a slow, antalgic gait. The injured worker was using a cane. Per the treating physician (2-7-2015 report), a urine toxicology screen from 1-13-15 was consistent for the injured worker's history. On 3-24-2015, a urine drug screen was negative for all drugs tested including opiates. A urine toxicology screen dated 5-11-15 was consistent for Pregabalin. Per the treating physician (7-27-2015 report), a Controlled Substance Utilization Review and Evaluation System (CURES) report demonstrated he was compliant and obtained his medications appropriately. There is an opioid agreement signed by the injured worker. Surgeries to date have included an open reduction and internal fixation of the left ankle in 2011, left ankle synovectomy and debridement of scar tissue in 2012, and left ankle arthroscopy, repair of the talus

osteocondritis dissecans (OCD) and the allograft of juvenile cartilage, and lateral ligament stabilization in 2013. Treatment has included psychotherapy, an ankle-foot orthosis, a cane, crutches, a CAM walker boot, and medications including pain (Norco), anti-epilepsy (Lyrica), antidepressant (Cymbalta), proton pump inhibitor (Omeprazole), and non-steroidal anti-inflammatory (Naproxen). Per the treating physician (7-27-2015 report), the injured worker's work status includes no walking over 5 minutes at a time, elevation of left ankle and ice 3 times per day. The requested treatments included a high complexity qualitative urine drug screen. On 8-24-2015, the original utilization review non-certified a request for a high complexity qualitative urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro High Complexity Qualitative Urine Drug Screen: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: The patient presents with left ankle pain and depression. The request is for Retro high complexity qualitative urine drug screen. The request for authorization is dated 03/24/15. Physical examination of the left ankle reveals medial malleolus has been removed, multiple scars over the medial and lateral malleolus areas. Most of his pain is in the medial malleolus area and posterolateral malleolus, limited mobility of the left ankle. Popping of the left ankle joint is noted. He uses a cane. He has a slow, antalgic gait. He is treating with psychiatry twice per month. He states Aleve, Naproxen, and Tylenol #3 are not really helping with the pain. He has retired Norco and feels it is more effective. Per progress report dated 03/24/15, the patient is on modified work. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Per progress report dated 03/24/15, treater's reason for the request is "It is justified by ACOEM as well as almost all Pain Societies." In this case, the patient is prescribed Norco, which is an opioid pain medication. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.