

Case Number:	CM14-0143731		
Date Assigned:	09/12/2014	Date of Injury:	05/10/2012
Decision Date:	10/22/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family Medicine and is licensed to practice in California. 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 56 year old male (reportedly injured on 5/10/2012) who reported injury to his right foot when he dropped a 200 pound stack of sheet rock on to the dorsal aspect of the right foot on 08/19/13. Clinical note dated 06/13/14 indicated the injured worker continuing with right foot pain. The injured worker completed 12 physical therapy sessions to date. The injured worker rated the pain 5-7/10. Strength was 4+/5 at the right EHL and plantar flexors. Tenderness was identified at the plantar surface of the right foot and tibial tarsal. The injured worker had positive tibial-tarsal sign. Spasms were identified at the inner aspect of the right thigh. MRI of the right foot revealed findings consistent with plantar fasciitis. Clinical note dated 05/21/14 indicated the injured worker undergoing right sided plantar fascia injection. Strength deficits were identified at right EHL and plantar flexors. The injured worker utilized Relafin, Neurontin, and Norflex for pain relief. Clinical note dated 06/04/14 indicated the injured worker utilizing gabapentin, Mobic, and Voltaren gel for pain relief. Electrodiagnostic studies on 04/04/14 revealed essentially normal findings with no electrodiagnostic evidence of peripheral neuropathy, radiculopathy, or plexopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen-RETRO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for retro urine drug screen is non-certified. The injured worker complained of ongoing right foot pain. Urine drug screen is indicated for injured workers who have demonstrated inconsistent findings with previous drug tests, aberrant behaviors, or are utilizing ongoing opioid therapy. No information was submitted regarding demonstration of aberrant behaviors or potential for drug misuse or previous drug tests demonstrating inconsistent findings or ongoing use of opioid therapy. Given this, the request is not indicated as medically necessary.