MAXIMUS Federal Services

Case Number:	CM14-0173050		
Date Assigned:	10/23/2014	Date of Injury:	01/09/2003
Decision Date:	11/25/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 60-year-old male who reported an injury on 01/09/2003 due to an unknown mechanism. Diagnoses were bilateral tarsal syndrome with ankle and foot pain, complex regional pain disorder, right lower, and chronic pain syndrome with idiopathic insomnia. The physical examination dated 10/06/2014 revealed bilateral feet and associated lower extremities with hot, electric burning; sharp, stabbing pain; stiffness, weakness, numbness, and generalized discomfort. It was also noted that the injured worker had also had a good, but partial response to medication. Objective findings were reduced range of motion of the ankles bilaterally in all planes, reduced strength in the distribution of the bilateral tibial nerves at the ankles, equivocal Babinski's reflexes bilaterally, and the right hip/foot syndrome, stage 2 with a dystrophic right foot. The treatment plan was for medications to be continued as prescribed. Medications were Norco 10/325 mg, Skelaxin 800 mg, Restoril 30 mg, baclofen 10 mg, and Ambien 5 mg. 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 urine drug screen taken on 8/10/14: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend a urine drug screen as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screen for risk of misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. The clinical information submitted for review does not provide evidence to justify a urine drug screen. Therefore, the request is not medically necessary.