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| Case Number: | CM15-0122314 | | |
| Date Assigned: | 07/06/2015 | Date of Injury: | 09/24/2012 |
| Decision Date: | 10/02/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/24/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old female who sustained an industrial injury on 9-24-12. Her initial complaints and the nature of the injury are not available for review. The PR-2, dated 2-16-15, indicates diagnoses of bilateral plantar fasciitis, enthesopathy of the calcaneus, internal derangement of sinus tarsal, sinus tarsi, synovitis, internal derangement of subtalar joint, peripheral nerve impairment, chronic pain, failure of conservative treatment, and navicular subchondral cystic changes. The injured worker complained that her pain symptoms are "unchanged" since the last visit. The report states that she "continues to use velocity brace on the right ankle for stability" and alternates it with "orthotics". Combined, they were noted to "reduce plantar foot pain to some extent". She was noted to be using a "compound cream", which helped to reduce pain. An MRI was completed on 4-20-14, revealing ankle joint effusion, moderate and extensive subchondral defect of navicular bone consistent with repetitive trauma. The provider indicated that her "symptoms seem greater than MRI results". Therefore, a diagnostic ultrasound and repeat MRI were requested to "note any defects in ankle and degenerative changes in ankle joint". The progress report indicated that she was awaiting surgery authorization. The procedure requested was arthrotomy of sinus tarsi and fasciotomy of plantar fascia. The requested service was a urine drug screen. This service was not noted in the provided records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 48 year old female has complained of foot and ankle pain since date of injury 9/24/12. She has been treated with medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. Based on the above cited MTUS guidelines and the available medical records, urine drug screen is not medically necessary.