

<b>Case Number:</b>	CM14-0002091		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/19/2002
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Practice and is licensed to practice in Texas. 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 52-year-old female who reported injury on 04/19/2002. The mechanism of injury was not provided. The documentation of 10/17/2013 revealed the injured worker's diagnoses include a closed comminuted fracture of the right proximal fibula as a compensable consequence of a fall secondary to right knee giving way on 11/03/2006, bilateral knee internal derangement, lumbar discopathy as a consequence of a recent fall of 11/03/2006, and a comminuted fracture of the left distal phalange as a compensable consequence of a recent fall. The treatment plan included a CAM walker boot, pain management for pain control, intramuscular injections as well as Norco, Keflex and Prilosec. The submitted request was for a retrospective urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, page 43. Web Edition, and (ODG) Official Disability Guidelines, Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to meet the above criteria. There was no PR2 nor Department of Workers' Compensation (DWC) Form RFA submitted with the requested service. Given the above, the request for a retrospective urine drug screen is not medically necessary.