

<b>Case Number:</b>	CM14-0196169		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal 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 (IW) is a 48-year-old man with a date of injury of July 18, 2014. The mechanism of injury was not documented in the medical record. The current diagnoses are lumbar strain due to gait abnormality; left foot injury; status post left foot surgery X 2. Pursuant to the October 10, 2014 progress report, the IW complains of persistent low back pain rated 7/10 on a pain scale. The pain is frequent. He also complains of pain in the left knee, left hip, left ankle, and left foot rated 8/10. The IW only takes Motrin. According to the progress notes from July 2014, August 2014, and September 2014, the IW was only taking Motrin for pain. Examination of the left foot reveals a healed incision that is wrapped. He is walking with crutches. He was non-weight bearing in the left lower extremity. The provider is recommending referral to a pain specialist due to persistent pain. He recommends continuing Motrin. He is requesting a urine drug screen as part of the pain treatment agreement during opioid therapy. The IW was not taking any opioids according to the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screening:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing.

**Decision rationale:** Pursuant to the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust to discontinue treatment. The frequency of urine drug testing is based on whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. In this case, each worker is 48 years old the date of injury July 18, 2012. The diagnoses were ankle pain; status post left foot surgery times two; chronic lumbar strain secondary to gait abnormality; and left foot injury. An April 29, 2014 progress note indicates the injured worker was not taking any opiates, muscle relaxants, or benzodiazepines. The treating physician indicated urine drug testing was part of the pain agreement. There are no clinical indications for clinical rationale in the medical record to support the request for a urine drug screen. Consequently, urine drug testing is not medically necessary.