

<b>Case Number:</b>	CM14-0201677		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Occupational Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Arizona. 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 33 year old male who got injured on 5/1/2012. The injured worker was in the course of his usual duties which include opening the door of the store where he worked when he slipped and fell on wet floor, first landing on his left side with his left foot dragging on the floor and he felt his ankle and knee crack and pop, he tried to break his fall with his outstretched left upper-limb which slipped and buckled on the wet floor flipping him unto to right side with his right arm under him. His wrist was twisted awkwardly, he felt a snap in his right shoulder and his thumb and first 2 fingers went numb and started to twitch. He sustained injury to his right and left shoulders, left and right elbows, left and right wrists, low back, left and right knees and left and right ankles, he was diagnosed as having internal derangement of most of these joints some of which were corroborated by positive MRI findings. He had an EMG/NCV done which was also positive for cervical and lumbar radiculopathy bilaterally. He has been managed with physical therapy and was also referred to pain management, some of his medications include flexeril, ambien, ibuprofen, percocet. The request is for urine toxicology testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Testing:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), UDS

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

**Decision rationale:** Per the MTUS drug testing is recommended as an option in patients with chronic pain to assess for the presence of illegal drugs, as a screening test for the risk of addiction and to assess misuse and addiction during therapy. The injured worker is being followed by pain management and he is on multiple drugs including opioids which would warrant a urine drug screen, therefore based on the injured workers clinical presentation and the guidelines the request for urine toxicology testing is medically necessary.