

<b>Case Number:</b>	CM14-0206777		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 51-year-old gentleman with a date of injury of 02/03/2011. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/31/2014 indicated the worker was experiencing pain in the left foot and lower back and decreased sleep. The documented examination described tenderness in the lower back with muscle spasms, tenderness in the bottom of the left foot, and an inability to heel-toe walk. The submitted and reviewed documentation concluded the worker was suffering from left foot and ankle trauma, gastrointestinal pain, and benign plantar fibromatosis. Urinary drug screen testing reports dated 01/20/2014 and 10/31/2014 indicated none of the tested substances were present in the urine except the medication sertraline. Treatment recommendations included medications, urinary drug screen testing, and follow up care. A Utilization Review decision was rendered on 11/20/2014 recommending non-certification for a urinalysis for drug screen testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UrinalysisQty: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/ Drug Testing Page(s): 76-80/ 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80; 94-95.

**Decision rationale:** The MTUS Guidelines encourages the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing left foot and lower back and decreased sleep. Treatment recommendations included the use of the opioid medication Tramadol. Attentive monitoring for addiction and diversion is supported by the Guidelines. While these records did not provide an individualized risk assessment as strongly encouraged by the Guidelines, urinary drug screen testing reports dated 01/20/2014 and 10/31/2014 indicated none of the tested restricted substances were present in the worker's urine. This was not consistent with the medications prescribed as per the reviewed treating physician notes, suggesting an increased risk for aberrancy and/or diversion. In light of this supporting evidence, the current request for a urinalysis for drug screen testing is medically necessary.