

<b>Case Number:</b>	CM15-0003783		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained an industrial injury on 11/15/11. The injured worker was diagnosed with left ring finger fracture. In a PR-2 dated 11/20/14, the injured worker complained of insomnia and fatigue. Physical exam was remarkable for lumbar spine with decreased range of motion, tenderness to palpation and positive Tinel's sign bilaterally, and tenderness to the knee upon range of motion and palpation. Current diagnoses included displacement of lumbar disc, nontraumatic rupture of muscle and pain in limb. treatments include topical analgesics, omeprazole, Naproxen, and cyclobenzaprine. No references about the need for urinalysis toxicology were found in the documentation. On 12/23/14, Utilization Review noncertified a request for urinalysis toxicology screening citing CA MTUS guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 76, 94.

**Decision rationale:** The injured worker sustained a work related injury on 11/15/11. The medical records provided indicate the diagnosis of left ring finger fracture, displacement of lumbar disc, non-traumatic rupture of muscle and pain in limb. The medical records provided for review do not indicate a medical necessity for Urinalysis toxicology screening. The records do not indicate the injured worker is on treatment with opioids, neither does it indicate the injured worker has a risk factor for drug abuse. However, the records indicate the injured worker had negative these tests in 09/2014, 10/2014, and 11/2014. The requested treatment is not medically necessary and appropriate.