

<b>Case Number:</b>	CM15-0016389		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: California

Certification(s)/Specialty: Internal 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:

The injured worker is a 48 year old female who sustained an industrial related injury on 3/17/14 after a fall. The injured worker had complaints of pain in her face, chest, right shoulder, left elbow, bilateral hands, neck, low back, left hip, and bilateral knees. Diagnoses included contusion of the chest wall, contusion of multiple sites of the trunk, and abrasion or friction burn of the elbow, forearm and wrist. Other diagnoses included status post removal of glass from trapezius muscle, capsular contracture of breast implant due to fall, sprain of ribs, cervical and lumbar spine sprain/strain, ankle contusion, shoulder internal derangement, left knee medial and lateral meniscal tear status post arthroscopy, and right shoulder rotator cuff syndrome/tear. Treatment included physiotherapy. The treating physician requested authorization for a retrospective urinalysis. On 12/30/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted on review of the medical records the rationale for the requested test was unclear concerning the reasoning to suspect drug abuse/screen. Therefore the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urinalysis:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 77-80, 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The primary treating physician's progress report dated 11/19/14 documented a request for urine drug testing. The primary treating physician's progress report dated 10/8/14 and 11/19/14 documented the use of Ultracet which contains the opioid Tramadol. Tramadol is a centrally acting synthetic opioid analgesic. MTUS guidelines support the use of urine drug testing for patients prescribed opioids. Therefore, the request for a urinalysis is medically necessary.