

<b>Case Number:</b>	CM15-0142414		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female with an industrial injury dated 07-10-2012. The injury is documented as occurring when she slipped and fell off a ladder and hit her ribs on the metal cord causing rib fracture. She was taken to the hospital where she was noted to have fractured ribs, kidney and lung contusion with collapsed lung. Comorbid conditions included insulin dependent diabetes and hypertension. Her diagnoses included status post fracture of left chest wall, low back pain with radiation into her right leg, lesion in body of lumbar 3 and depression. She presents on 06-22-2015 noting rib pain and pain in the low back with radiation to her hip. She noted the medicines were making her sleepy. Physical exam noted straight leg raise was positive on the right. She walked with a normal gait. The provider documented changes in injured worker's medications to determine which medications were making her sleepy. The treatment request is for retrospective urine drug screen (DOS 6/22/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective urine drug screen (DOS 6/22/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, the claimant was previously on Tramadol and Cyclobenzaprine. The urine toxicology screen from 3/3/15 was no consistent with medications prescribed. Based on the above references and clinical history a urine toxicology screen is medically necessary.