

<b>Case Number:</b>	CM15-0035823		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 22 year old male, who sustained an industrial injury on 02/06/2014. He has reported twisting injuries to the low back and left ankle. Diagnosis includes osteochondral defect of the left lateral talus. Treatment to date has included x-rays of the left foot, magnetic resonance imaging of the left ankle, physical therapy, medication regimen, injections, use of brace, and rest. In a progress note dated 01/29/2015 the treating provider reports complaints of left ankle locking and catching with tenderness to the left lateral talus. The treating physician requested urine toxicology screen to assess the efficacy of the injured worker's medication regimen. On 02/17/2015 Utilization Review non-certified the requested treatment of urine toxicology screen, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with twisting injuries to the low back and left ankle. The current request is for Urine toxicology screen. The treating physician states, in a report dated 01/29/15, "I am also requesting authorization for the patient to be administered a urine toxicology screening to check the efficacy of the prescribed medications." (7B) The MTUS guidelines state: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. In this case, the treating physician, based on the records available for review, has failed to document any currently prescribed medications, or any new prescriptions. As there is no record of opioid medications currently being used, justification for a urine screen cannot be determined. The current request is not medically necessary and the recommendation is for denial.