

<b>Case Number:</b>	CM15-0062245		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Pennsylvania

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 52 year old male, who sustained an industrial injury on October 10, 2012. The injured worker was diagnosed as having lumbar compression fracture, severe depression and anxiety with suicidal ideation, cervical and bilateral foot strain/sprain and calcaneal fracture. Treatment and diagnostic studies to date have included surgery, medication and magnetic resonance imaging (MRI). A progress note dated March 6, 2015 provides the injured worker complains of neck, shoulder, back, hip, ankle and foot pain. He rates neck pain 7/10, low back 9/10 and worsening, shoulder 2/10, hips 7/10, and ankle and foot 4/10. He reports medication helps reduce pain from 9/10 to 4/10. Physical exam notes cervical tenderness with positive Spurling's test, lumbar, left hip, and right ankle tenderness with decreased range of motion (ROM). The plan includes continued psychological care, consultations, diagnostic testing and lab work for compliance testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

**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 Opioids Page(s): 43 and 94.

**Decision rationale:** Urine Drug Testing is recommended as an option in the management of opioid use for chronic pain. Frequent random urine toxicology screening is a recommended step to avoid misuse and addiction when prescribing opioids. This patient is on an opioid and urine drug screening is appropriate and medically necessary.