

<b>Case Number:</b>	CM14-0169215		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	02/16/2014
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46 year old male injured worker suffered an industrial accident on 2/16/2014. He was assisting in restraining a patient when his right ankle was twisted. Subsequently the injured worker obtained medical treatment for a right foot ankle sprain/strain. The pain made it difficult to walk or stand along with the sensation of instability. The treatments included anti-inflammatories, physical therapy, brace, cast, walking boot and orthotics, and Tramadol. He was evaluated by occupational medicine, orthopedic surgeons, and podiatry. It was felt that the injured worker ligaments tear and sprain along with Achilles tendinosis. On 7/14/2014 the physician documented possible Complex Regional Pain Syndrome and referred him to a pain specialist. On 8/14/2014 Tramadol was prescribed for him for pain. In line with the opioid protocol, urine testing was requested for authorization. A urine toxicology screen was performed on August 14, 2014. A progress report dated September 12, 2014 indicates that the patient's pain is improved with medication. The treatment plan recommends continuing Tramadol and requesting a urine drug screen. The UR decision on 10/3/14 of non-certification indicated Tramadol required only urine testing every 6 months and did not require monthly testing.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Procedures Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 , 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

**Decision rationale:** Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.