

<b>Case Number:</b>	CM15-0001282		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Emergency 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:

This 57-year-old male worker was injured on 8/7/13. The worker sustained left rib injuries and a right leg injury with subsequent infection, persistent swelling and pain as per the 12/1/14 progress report/RFA. He was diagnosed with right leg and ankle contusion, right leg cellulitis and hematoma and lumbosacral spine spondylosis. Evacuation of the hematoma was performed on 9/11/13. He received wound care with debridement and physical therapy. Jobst stockings were ordered as well. The treating provider requests a urine toxicology screen. The Utilization Review on 12/26/14 non-certified the urine toxicology screen, citing ODG guidelines; the injured worker was only taking Relafen and there was no indication he was going to start chronic opioid therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen , #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 84.

**Decision rationale:** As per MTUS Chronic pain guidelines, urine drug screening may be utilized in monitoring patients on opioids for potential abuse or patients at risk of abuse. Patient is not on any opioids and there is no documentation for concern of drug abuse or patient at high risk for abuse. Documentation fails to support urine drug screen.