

<b>Case Number:</b>	CM15-0093144		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	12/29/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: 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 (IW) is a 23-year-old female who sustained an industrial injury to the left ankle on 12/29/2013. Diagnoses include left ankle sprain, calcaneofibular ligament and left foot contusion. Treatment to date has included modified activity, ice, a CAM walker boot and crutches. According to the PR2 dated 11/6/14, the IW reported left lateral ankle pain, mostly at rest. On examination, it was noted she was now full weight bearing and not using crutches. There was no swelling, but tenderness at the ankle persisted. Range of motion of the left ankle was limited. There were no medications listed for the IW. A request was made for urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, urine drug testing.

**Decision rationale:** The patient presents with left ankle pain. The request is for URINE DRUG SCREEN. The request for authorization is not provided. Physical examination of the left ankle reveals no swelling, tender ATF ligament area as before. Range of motion is limited by stiffness. Negative Drawers test, no foot tenderness. Patient is recommended for 4 more weeks in walker boot. Patient has progressed to full weight bearing left leg and does not use crutches much. She has pain mostly at rest, less pain when walking. Per progress report dated 11/06/14, the patient is on modified work. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, the patient is not prescribed any opiates or narcotics. In fact, review of medical records shows patient is not prescribed any medications. Per progress report dated 11/06/14, treater notes "Relevant Medications: None." Therefore, the request IS NOT medically necessary.