

<b>Case Number:</b>	CM15-0139976		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 47 year old male with an industrial injury dated January 15, 2015. The injured worker's diagnoses include chronic pain in joint involving pelvic region and thigh, chronic enthesopathy of hip region, sacroiliitis-spondylitis, chronic multiple closed pelvic fractures with disruption of pelvic circle, right enthesopathy of knee, chronic pain and unspecified opioid dependence. Treatment consisted of medications, left pelvic & hip surgical fusion, lumbo-sacral orthosis (LSO) brace, home exercise therapy and periodic follow up visits. In a progress note dated June 30, 2015, the injured worker reported worsening neck pain, pelvic pain, bilateral knee pain and some radiation of the low back pain down his posterior hamstring region. The injured worker also reported improved function with current medication regimen and that he would like to continue to further taper down medications. Objective findings revealed antalgic gait, minimal tenderness to palpitation in hip region and mild hip flexion weakness. The treating physician reported that the injured worker continues to have chronic pain to lower back, left hip and right knee, functionally manageable with current medication regimen and home physical therapy. The treating physician prescribed services for urine drug screen every 2 weeks due to tapering down the opioid regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown urine drug screen every 2 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Screening. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Urine Drug Test (UDT) (2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Urine drug testing (UDT).

**Decision rationale:** The injured worker sustained a work related injury on January 15, 2015. The medical records provided indicate the diagnosis of chronic pain in joint involving pelvic region and thigh, chronic enthesopathy of hip region, sacroiliitis-spondylitis, chronic multiple closed pelvic fractures with disruption of pelvic circle, right enthesopathy of knee, chronic pain and unspecified opioid dependence. Treatment consisted of medications, left pelvic & hip surgical fusion, lumbo-sacral orthosis (LSO) brace, home exercise therapy. The medical records provided for review do not indicate a medical necessity for Unknown urine drug screen every 2 weeks. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs; however, the MTUS does not specify how often an individual is to be tested. The Official Disability Guidelines recommends, patients at "high risk" of adverse outcomes may be tested as often as once per month. This category generally includes individuals with active substance abuse disorders. Although the injured worker is stated to be opioid dependent, testing every two weeks is outside the recommended interval. Therefore the request is not medically necessary.