

<b>Case Number:</b>	CM15-0218423		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 63 year old female who sustained an industrial injury on May 25, 2010. The worker is being treated for: cervical spondylosis and stenosis; status post left shoulder surgery 2010, lumbar spondylosis, anterior spondylolisthesis grade I and bilateral hip avascular necrosis. Subjective: August 04, 2015 she reported complaint of low back pain, bilateral groin pain and hip pain. Objective: August 04, 2015 noted she remained symptomatic with severe bilateral hip internal derangement. Diagnostic: MRI left hip, UDS discussed August 04, 2015 noted consistent with prescribed. Medication: August 04, 2015: Norco, anti-inflammatory agent. Treatment: DME cane with ambulation. On October 16, 2015 a request was made for UDS two tests that were noncertified by Utilization Review on October 23, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug test x2 units:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain

treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in the lower back, groin, and hip. Treatment recommendations included the use of a restricted medication, including an opioid. While the submitted and reviewed documentation did not include a detailed individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for two urine drug screens is medically necessary.