

<b>Case Number:</b>	CM15-0037821		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 59 year old male, who sustained an industrial injury reported on 10/7/2013. He reported hip pain, walking with cane. The history notes occasional disabling left hip pain, and pain to the lower back, for which a 1 point cane is used for ambulation. The diagnoses were noted to include lumbosacral neuritis; torn labrum - hip; degenerative joint disease - lumbar; and rule-out degenerative joint disease - hip versus femoral acetabular impingement. Treatments to date have included consultations; diagnostic imaging studies; electromyogram study; left hip injection therapy; 1 point cane; and long-term medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled and off work until 1 month from 1/20/2015. The supplemental PR-2, dated 1/20/2015, was hand written and mostly illegible; no recommendation for quantitative and qualitative urine drug test is noted. On 2/3/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/20/2015, for quantitative and qualitative urine drug test x 4 - to urine drug test x 1. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, drug testing; and the Official Disability Guidelines, pain chapter, criteria for use of urine drug testing, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qualitative and Quantitative urine drug test x 4 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

**Decision rationale:** CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the pain medication prescribed has been stable, there is no documented plan to change or increase medication and there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient. The original UR decision modified the request to urine drug screen x 1 unit. There is no medical indication for urine drug screen x 4 units and the original UR decision is upheld.