

Case Number:	CM13-0021604		
Date Assigned:	11/13/2013	Date of Injury:	04/04/2012
Decision Date:	01/09/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old female who reported an injury on 04/04/2012. The patient is diagnosed with a hip labral tear and osteoarthritis of the hip. The patient was recently seen by [REDACTED] on 09/24/2013. The patient has been previously treated with 1 lumbar epidural steroid injection and 2 cortisone injections in the left hip. The patient currently complains of constant left hip pain with an inability to sleep on the affected side. Physical examination revealed antalgic gait, no obvious atrophy, 80 degrees of hip flexion, 0 degrees of extension, 10 degrees of internal rotation, 45 degrees of external rotation, 20 degrees of abduction, and 30 degrees of adduction. Strength was noted to be 5/5 in the hip flexors, hip extensors, and abductors. The radiographs obtained in the office indicated minimally decreased joint space as compared to the contralateral side with mild evidence of periarticular cystic changes. The patient was given an overall 6% whole person impairment rating based on her lack of range of motion. It was determined that the patient could return to her usual occupation and was not placed on any specific restrictions.

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 Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use of or the presence of illegal drugs. Urine drug screens may be required during opioid pain treatment. Official Disability Guidelines state frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. There is no evidence of a risk assessment screen completed for this patient. Therefore, there is also no evidence of this patient falling under a high-risk category that would require frequent monitoring. The patient submitted previous urine drug screens on 04/29/2013 and 08/14/2013. Official Disability Guidelines further state, patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. The medical necessity for repeat screening has not been established. Therefore, the request is non-certified.

Creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing .

Decision rationale: A urine creatinine would be reasonable if this patient was undergoing a urine drug screening test. However, such testing is not supported or certified. Therefore, medically necessary was not established. The request is non-certified.

Ph; body fluid, not otherwise specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing .

Decision rationale: PH; body fluid, not otherwise specified would be reasonable if this patient was undergoing a urine drug screening test. However, such testing is not supported or certified. Therefore, medically necessary was not established. The request is non-certified.

Spectrophotometry, analyte not elsewhere specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Chronic Pain Chapter, Urine Drug Testing .

Decision rationale: A spectrophotometry; analyte not elsewhere specified would be reasonable if this patient was undergoing a urine drug screening test. However, such testing is not supported or certified. Therefore, medically necessary was not established. The request is non-certified.