

Case Number:	CM13-0022221		
Date Assigned:	11/13/2013	Date of Injury:	05/07/2008
Decision Date:	01/15/2014	UR Denial Date:	08/30/2013
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 Family Practice 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 63-year-old female who reported an injury on 05/07/2009. The mechanism of injury was noted as a work injury, which has caused the patient to have bilateral low back pain and left hip and groin pain. The patient underwent a left hip MRI without contrast on 03/14/2013 which revealed mild degenerative changes in the left hip joint, which is likely degenerative tearing of the left anterior labrum with underlying spurring of the acetabulum. There were no fractures or avascular necrosis in the left femoral head and no extra scapular abnormality is visualized within the soft tissue. According to the documentation dated 08/30/2013, the patient is maintaining 55% improvement of her left hip pain after receiving a fluoroscopically guided therapeutic left intra-articular hip injection. The patient was noted as taking the current medications atenolol, metformin, glipizide, hydrochlorothiazide, Lisinopril, ibuprofen, Norco 10/325 mg, and Flexeril. The physician is now requesting a random urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

random urine drug screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): s 74-96.

Decision rationale: According to the California MTUS Guidelines, under opioids steps to avoid misuse/addiction, it states that frequent random urine toxicology screens are recommended. Because the patient has been utilizing opioid medications for several months, and has already gone through two urine drug screening, with the patient's history of having depression and anxiety, it is within the guideline criteria to do a random drug screening for assessing the potential abuse of narcotic medications. As such, the requested service is deemed medically necessary and is certified.