

Case Number:	CM13-0037369		
Date Assigned:	12/13/2013	Date of Injury:	04/04/2012
Decision Date:	02/21/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/23/2013

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 Occupational Medicine 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 with a date of injury of April 4, 2012. Patient has issues with her wrist, low back, and left hip. She had epidural steroid injections on May 21, 2013 and August 23, 2013. Electro-diagnostic studies of the lower extremities in June 2012 were normal. She had arthroscopic labral repair of her left hip on January 23, 2013. She has had physical therapy for her hip and feels she is MMI regarding her left hip on report dated 9/24/13. The report does not indicate any medications the patient is taking. There are no other records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screen collected on 8/13/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 89.

Decision rationale: CA MTUS chronic pain guidelines suggest in the section criteria for use of opioids, a urine drug screen may be considered to assess for the use of illegal drugs. There was no prescription for narcotics given any reports nor was any intent to prescribe opioids medications given. There was also no known indication that the patient had been exhibiting

inappropriate medication use. Therefore this test exceeds current MTUS guidelines and is not medically necessary.