

Case Number:	CM13-0066434		
Date Assigned:	01/03/2014	Date of Injury:	12/18/2008
Decision Date:	03/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/16/2013

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:

According to the records made available for review, this is a 44-year-old female with a 12/18/08 date of injury. At the time of request for authorization for retrospective UDS dos 11/1/2013, there is documentation of subjective (bilateral hand pain, right hip pain, and left knee pain) and objective (right hip palpable tenderness and decreased ROM, right knee palpable tenderness, and left knee palpable tenderness and decreased ROM) findings, current diagnoses (ligamentous sprain of right hip, osteoarthritis of right knee, s/p left knee hemiarthroplasty, De Quervain's disease, bilateral hands), and treatment to date (medication). There is no documentation of abuse, addiction, or poor pain control and on-going opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective UDS dos: 11/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section On-Going Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of abuse, addiction, or poor pain control in patient under on-going opioid

treatment as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of ligamentous sprain of right hip, osteoarthritis of right knee, s/p left knee hemiarthroplasty, De Quervain's disease, bilateral hands and treatment with medication. However, there is no documentation of abuse, addiction, or poor pain control and on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for retrospective UDS dos 11/1/2013 is not medically necessary.