

<b>Case Number:</b>	CM14-0128702		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 36 year old female with an injury date of 04/09/10. Based on the 03/25/14 progress report provided by [REDACTED], the patient complains of left hip pain, left knee pain and low back pain. Report dated 05/20/14 states that she had a flare up of pain and was seen at the ER. She is awaiting authorization for a left hip injection under fluoroscopy, manipulation under anesthesia. Physical exam of left hip reveals decreased range of motion. There is pain with internal and external rotation and tenderness over trochanteric bursa on left. It has been noted the medications Zanaflex, Norco 10/325mg and Ambien have been refilled. Diagnoses: 1. Lumbar spine strain/sprain, left greater than right, rule out HNP with radiculopathy, left greater than right 2. Left hip strain/ sprain, positive MRI arthrogram for a Labral Tear 3. Status post left knee arthroscopic surgery 4. Left sacroiliac strain/sprain 5. Status Post Scope, right shoulder (2005) 6. Symptoms of anxiety and depression [REDACTED] is requesting urine drug screen rapid test. The utilization review being challenged is dated 07/30/14. The rationale is that documentation submitted for review was well over 60 days old and could not be used to determine current condition of patient. [REDACTED] is the requesting provider, and he provided treatment reports from 02/11/14 - 05/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen rapid test:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Urine Drug Testing (UDT).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen, Criteria for Use of Urine Drug Testing.

**Decision rationale:** The patient presents with left hip strain/ sprain, positive MRI arthrogram for a Labral Tear and left hip strain/sprain. The request is for urine drug screen rapid test. This patient is awaiting authorization for a left hip injection under fluoroscopy, manipulation under anesthesia. The treater is requesting a urine drug screen for medication compliance. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, medical records indicate the patient has not had as any recent UDS's and the patient has been on Norco. UDS's for proper opiates monitoring is recommended per MTUS. The request is medically necessary.