

Case Number:	CM14-0070046		
Date Assigned:	07/16/2014	Date of Injury:	07/02/2001
Decision Date:	09/15/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 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:

Patient is a 61 year-old female with date of injury 07/02/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/15/2013, lists subjective complaints as pain in the right hip and right knee. Objective findings: Examination of the right hip revealed tenderness to palpation ad spasm with limited range of motion. Right knee: There was significant atrophy. Flexion was limited to 90 degrees, extension 0 degrees. Diagnosis: 1. Right hip trochanteric bursitis 2. Status post right arthroscopic surgery 3. Status post right total knee replacement. Laboratory report dated 07/12/2013 reported that the result was negative for all drugs tested and consistent with prescribed medications. The patient is currently taking Omeprazole, Glimepiride, Metformin, Lisinopril, and Hydrochlorothiazide and uses topical creams for pain relief (no quantity or dosage was given).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen, DOS; 10/24/2013, 08/20/2013, 07/24/2013, 02/23/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Urine drug screens listed above were not medically necessary.