

<b>Case Number:</b>	CM14-0207838		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/22/1987
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, 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 54 year old male with date of injury 06/22/87. The treating physician report dated 10/28/14 indicates that the patient presents with pain affecting the lower back with radiating numbness down the anterior aspect and hip. The physical examination findings reveal no tenderness with palpation, normal range of motion, and negative straight leg test. Prior treatment history includes left femoral cutaneous nerve injection, four trigger point injections, LESI, physical therapy, home exercise program, hip replacement, and medications. The patient rates their pain as 3-4/10 with medications and 7-9/10 without medications. MRI findings reveal L5-S1- mild disc dessication, mild to moderate bilateral facet degenerative changes and ligamentum hypertrophy, broad-based disc osteophyte complex measuring a maximal of 3 mm in AP diameter, mild spinal stenosis, mild left and mild to moderate right lateral recess and neural foraminal narrowing; L2-3- mild disc dessication, mild facet degenerative changes, mild spinal stenosis; L3-4- mild disc dessication, no disc protrusion or extrusion, mild congenital spinal stenosis, L4-5- mild bilateral facet degenerative changes, 2 mm broad-based posterior disc bulge, mild spinal stenosis, mild right lateral recess and right neural foraminal narrowing. The current diagnoses are: 1. Severe Left Hip Degenerative Joint Disease 2. Status Post Left Greater Trochanter Bursitis 3. Left Total Hip Replacement (07/21/14) The utilization review report dated 11/19/14 denied the request for Retrospective Request for DOS: 10/28/14, Urine Drug Screen based on no "red flags" per MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for DOS: 10/28/14, Urine Drug Screen: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

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

**Decision rationale:** The patient presents with pain affecting the lower back with radiating numbness down the anterior aspect and hip. The current request is for Retrospective Request for DOS: 10/28/14, Urine Drug Screen. The treating physician states that the patient is currently taking Celebrex and Percocet. (212) Percocet is an opioid. The MTUS guidelines state that for opioid usage, "Urine drug screens may be required." In this case, the treating physician has documented that the patient is taking an opioid and stated, "The patient may undergo random urine toxicology screening, to verify medication compliance." (213) There is no documentation that a prior UDS was performed in 2014. Recommendation is for authorization.