MAXIMUS Federal Services

Case Number:	CM14-0215518		
Date Assigned:	01/05/2015	Date of Injury:	12/22/2013
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 48 year old man with a work related injury dated 12/22/13 resulting in a fracture of the femur and chronic pelvic and hip pain. The patient was evaluated by the primary treating physician on 11/3/14. He continued to complain of pain in both hips and pelvis. His treatment has included the use of ibuprofen and Norco (an opioid analgesic medication). The documentation states he continues to have pain relief from the use of Norco. The last request for a urine toxicology was 7/21/14. There is no suspected drug misuse.Under consideration is the medical necessity of a urine toxicology screen which was denied during utilization review dated 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency sited. In this case, the patient has been treated effectively with Norco without any suspicion of drug misuse or abuse. Previous urine toxicology results were as expected. This request is not medically necessary.