

Case Number:	CM15-0035795		
Date Assigned:	03/04/2015	Date of Injury:	12/22/2013
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male, who sustained a work/industrial injury on 12/22/13 while working for an airline as a service clerk and loaded and unloaded cargo. A piece of luggage hit the left hip. He has reported symptoms of bilateral hip pain. Prior medical history was negative. The diagnoses Surgeries to date included open reduction and percutaneous pinning of the fifth Jones fracture on 6/9/14, knee arthroscopy, right hand surgery. Treatments included physical therapy, and medication. Diagnostics included x-rays that reported 4 mm retrolisthesis of L5 over S1, no fracture or subluxation. A Magnetic Resonance Imaging (MRI) reported mild to moderate edema in the greater trochanter at the region of the insertion over the anteriolateral gluteal muscles, along with swelling of the posteriorly greater trochanter over the greater trochanteric bursa. Medications included Norco, Ibuprofen, and Diclofenac/Lidocaine (3%/5%). The treating physician's report (PR-2) indicated left hip pain with limited range of motion and tenderness. Patrick's test was positive on the left. A request for a urine toxicology screen was ordered. On 1/28/15, Utilization Review non-certified a Urine Toxicology Screening, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Overturned

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

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

Decision rationale: The 1/26/15 Utilization Review letter states the Urine toxicology screening requested on the 1/5/15 medical report was denied because narcotic medications were found not to be necessary, so the urine drug screen is no longer necessary. The 1/5/15 medical report was not provided for this review. The only medical report provided for review is dated 4/10/14 and states the patient has a left hip avulsion fracture of the greater trochanter and trochanteric bursitis. The medical report that discusses the rationale for the urine toxicology screen was not provided for review. There is no indication that the patient has had prior urine drug screening, or that there have been excessive requests for urine drug testing. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 under Drug Testing state: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, There is limited information provided for this review. There is no indication that the patient had prior drug testing. MTUS guidelines recommend drug testing as an option to assess the presences of illegal drugs. The request is in accordance with MTUS guidelines. The request for Urine toxicology screening is medically necessary.