

Case Number:	CM14-0135159		
Date Assigned:	08/27/2014	Date of Injury:	11/12/2013
Decision Date:	10/08/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal medicine and is licensed to practice in Arizona. 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 injured worker is a 54 year old man with a work-related injury dated 11/12/13 resulting in chronic pain in the low back and lower extremity. He suffered avascular necrosis of the femoral head with complete collapse in the right hip. Total right hip arthroplasty was done on 6/30/14. His diagnosis includes traumatic arthritis of the right knee, lumbar disc displacement and osteoarthritis of the pelvis in addition to end-stage left hip osteoarthritis. Multiple records are available including primary treating physician notes from 2/13/14 and 3/25/14. The patient continues to have hip pain with decreased range of motion of the joint. No medication list is found. Two separate urine toxicology reports are reviewed from 3/25/14 and 2/13/14. Under consideration is a urine toxicology screen that was denied during utilization review dated 8/27/14. There is no primary provider note to correspond with the request for urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-96.

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 cited. In this case there is no current medication list to indicate the patient is being treated with opioid medications. The urine toxicology screen is not medically necessary.