

Case Number:	CM14-0021636		
Date Assigned:	08/11/2014	Date of Injury:	06/07/2013
Decision Date:	09/16/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 Family Practice, and is licensed to practice in Texas and Georgia. 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 55-year-old female who reported an injury, the mechanism of which is unknown, on 06/07/2013. On 06/26/2014, her diagnoses included hip arthralgia, low back syndrome enthesopathy of hip, hip bursitis, sprain/strain hip and/or thigh, sacroiliac ligament sprain/strain and lumbar myofascial sprain/strain. Her medications included ibuprofen, Tylenol, Ambien, Norco and tramadol. No dosages were noted for any of the above medications. Her complaints included pain in the inner thigh and hip radiating to the back of her leg. Her pain was exacerbated with walking, standing, sitting, getting out of her car and lying down. She rated her pain level at 8/10 while moving around or 5/10 when resting. Her pharmacotherapy is a little unclear based on the submitted documentation, because later in the same progress note it was stated that she had no current medications. She was participating in a home exercise program. On 01/16/2014, recommendations were for a referral to a specialist for possible hip arthroscopy and for a urine medication screen. The rationale stated that frequent random urine toxicology screens are steps to avoid misuse of opioids, can help determine compliance, and may indicate the patient's severity of pain. It further stated that her urine drug screen showed inconsistent findings, but there was no elaboration on what those findings were. It further stated that she did take Norco sparingly but compliance must be checked. At that time, the dosage of her hydrocodone was noted to be 10/325 mg and her Ambien 5 mg. There was no Request for Authorization in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Panel UDS (Multi Drug 6 Panel Urine Drug Screen)RFA 1-21-2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENTINTEGRATED TREATMENT/ DISABILITY DURATION GUIDLEINESPAIN (CHRONIC), URINE DRUG TESTING (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. Opioids should be continued if the injured worker has returned to work, or has improved functioning and decreased pain. In most cases, analgesic treatment should begin with acetaminophen, aspirin, non-steroidal anti-inflammatory drugs (NSAIDs), antidepressants and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring evaluations, including failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy or drug screens. Although a drug screen was mentioned in the progress note, there was no quantifiable previous urine drug screen included in the submitted documentation. Additionally, since this worker was taking only Norco and Ambien, which would have shown up on a urine drug screen, there was no justification for a 6 panel urine drug screen. It was unclear from the submitted documentation if the inconsistency in a previous urine drug screen related to 1 of the prescription medications she was taking. Furthermore, the date or dates of previous urine drug screens were not included in the documentation. Therefore, this request for a 6 panel UDS (urine drug screen RFA 01/21/2014) is not medically necessary and appropriate.