

<b>Case Number:</b>	CM13-0002974		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/30/2010
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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 Occupational Medicine 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of June 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; lumbar MRI imaging of December 19, 2011, notable for a large 6-mm disk protrusion at L4-L5; and epidural steroid injection therapy. In a progress note of May 23, 2013, the attending provider refused earlier drug testing dated April 30, 2013, and states that it was notable for the presence of hydrocodone. No further commentary on the nature of the drug testing was provided. The exact drug test results were not attached. In an earlier note of October 1, 2013, the applicant was placed off of work, on total temporary disability, for an additional 45 days. A November 5, 2013 progress note is notable for comments that the applicant reports unchanged 8/10 low back pain. The applicant is described as using hydrochlorothiazide, Prilosec, aspirin, Bystolic, Colace, Medrol, Centrum, Zestril, Wellbutrin, estazolam, BuSpar, Restoril, and Xanax. Several medications, including Medrox patches, Zestril, and MiraLax are refilled. The applicant is described as retired from her former place of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 6 weeks to the low back QTY: 18.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON PHYSICAL MEDICINE. Decision based on Non-MTUS Citation MEDICAL TREATMENT UTILIZATION REVIEW SCHEDULE (MTUS), AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, (2004) AKA APG INSIGHTS FALL 2004 WINTER 2005 PAGE 1:FUNCTIONAL IMPROVEMENT; OFFICIAL

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** The applicant has had prior treatment (42 sessions, per the claims administrator) seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. There has, however, been no demonstration of functional improvement, which would support further treatment beyond the guideline. The applicant remains off of work. The applicant was recently described in an October 2013 office visit as still remaining on total temporary disability, which, coupled with the applicant's usage of multiple analgesics, adjuvant, and psychotropic medications, argues against the presence of any functional improvement as defined in the MTUS Guidelines following completion of the 42 earlier sessions of physical therapy. Therefore, the request for additional physical therapy is not certified.

**Urine Drug Screen (DOS: 05/22/2013):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), OPIOIDS: CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation ODG CHRONIC PAIN CHAPTER, URINE DRUG TESTING.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The ODG Chronic Pain Chapter Urine Drug Testing topic suggest that an attending provider attach an applicant's complete medication list to the request for authorization for testing and, furthermore, furnish a list of those drug tests and/or drug panels, which are being tested for. It is also incumbent upon the attending provider to clearly state when the last time an applicant was tested. In this case, however, these criteria were not met. The attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The last date when the applicant was tested was not clearly identified. The attending provider did not narrate upon or expound upon the results in any detail, stating only that hydrocodone was identified. Therefore, the request is not certified, on independent medical review.

**Fasting Labs at next visit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/2009, SECTION ON TREATMENT - LABS Page(s): 23,64-70.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FAMILY PRACTICE NOTEBOOK, HYPERTENSION EVALUATION LABS.

**Decision rationale:** The MTUS does not address the topic. As noted on multiple office visits, including a June 3, 2013 progress note, the applicant is hypertensive and is using medications for hypertension, including hydrochlorothiazide. As noted in the Family Practice Notebook, Hypertension Evaluation Labs include a fasting lipid profile and fasting serum glucose. Given the applicant's apparent issues with longstanding hypertension, fasting laboratory testing is indicated, appropriate, and supported by the Family Practice Notebook. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.