

<b>Case Number:</b>	CM13-0009648		
<b>Date Assigned:</b>	03/24/2014	<b>Date of Injury:</b>	05/26/2009
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of May 26, 2009. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, intermittent drug testing, and dietary supplements/medical foods. In a subsequent February 17, 2014 progress note, the attending provider refilled Norco, Theramine, and Trepadone, and asked the applicant to perform urine drug testing on that date. The applicant had a BMI of 35, it was noted. Urine drug screening was seemingly ordered on every visit, including on July 25, 2013. On August 22, 2013, the applicant was described as having difficulty losing weight of her own accord, as she did not have concept of proper nutrition and meal size. The attending provider wrote that nutritional consultation could help to ameliorate the applicant's weight issues. The applicant's BMI was 39 on this date. The applicant was described as having persistent low back pain radiating to the right leg. She was in apparent distress, reporting 8/10 pain. Neurontin and Norco were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 15 do support testing for the use of illicit drugs if the presentation is suggestive, neither the MTUS Chronic Pain Medical Treatment Guidelines nor the ACOEM establishes specific parameters for, or a frequency with which to perform drug testing. In this case, the applicant's issues with illicit drug consumption (marijuana) could support more frequent drug testing than the norm; however, the attending provider appears to be performing non-standard urine drug testing on several visits. As noted by the Official Disability Guidelines, it is advisable to adhere to the best practices of the United States Department of Transportation (DOT) as representing the most legally defensible means of performing drug testing. In this case, however, the attending provider is testing for 15 different opioid metabolites and 10 different benzodiazepine metabolites with each drug test. This is not conformed to the best practice of United States Department of Transportation (DOT). Therefore, the request is not medically necessary.

**A NUTRITION CONSULTATION, TWICE A MONTH FOR 2 MONTHS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant apparently has longstanding issues with morbid obesity; her BMI is in the 35+ range. She appears to be gaining weight. The attending provider has posited that there are underlying nutritional issues secondary to overeating. Obtaining the input of a nutritionist to better assess the extent of the same is indicated and appropriate. Therefore, the request is medically necessary.

**60 PREDNISONE 10MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 does note that oral corticosteroids such as prednisone are not recommended, this opinion has been supplanted by more current medical evidence in the form of the Third Edition ACOEM Guidelines, which note that systemic steroids/oral steroids are recommended in the treatment of acute severe radicular pain syndromes for the purposes of obtaining a short-term reduction in

pain. In this case, the applicant was described as having an acute flare in radicular pain on and around the date in question. A short-course of oral prednisone is indicated and appropriate to combat the same. Therefore, the request is medically necessary.