

<b>Case Number:</b>	CM13-0039628		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/01/2002
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and is licensed to practice in Florida. 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 physician 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 patient is a 58-year-old female who reported an injury on 11/01/2002. The patient is currently diagnosed with lumbar or lumbosacral disc degeneration, pain in a joint of the lower extremity, lumbago, sleep disturbance, and neuralgia, neuritis, and radiculitis not otherwise specified. The most recent report is dated 12/02/2013 by [REDACTED]. The patient reported chronic lower back pain with radiation to the bilateral lower extremities. Current medications include Lidocaine ointment, Lyrica, and Nortriptyline. Physical examination revealed an antalgic gait, weakness and numbness in the lower extremities, allodynia located over the medial aspect of the right knee, hypoactive reflexes bilaterally, and intact dermatologic examination. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the patient's injury was over 11 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified

**Monthly Medication Assessment x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, Page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits.

**Decision rationale:** California MTUS/ACOEM Practice guidelines state physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. Official Disability Guidelines state the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. While the patient may meet criteria for a follow-up consultation regarding medication management; the current request for 6 monthly medication assessments is excessive in nature. The medical necessity for the request has not been established. Therefore, the request is non-certified.