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| <b>Case Number:</b>   | CM14-0003408 |                              |            |
| <b>Date Assigned:</b> | 01/31/2014   | <b>Date of Injury:</b>       | 03/26/2001 |
| <b>Decision Date:</b> | 06/20/2014   | <b>UR Denial Date:</b>       | 12/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/09/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] who has submitted a claim of pain in the neck, upper back, low back and bilateral shoulders associated from an industrial injury date of March 26, 2001. Treatment to date has included spinal cord stimulator implant (undated), lumbar epidural corticosteroid injection and lumbar epidurogram (10/12/10, 11/23/10, 12/7/10), cervical/thoracic/lumbar paraspinal muscles trigger point injections (12/10/13) and medications with include Vicodin ES, Tylenol, Norco, Oxycontin, Skelaxin, Medical records from 2012-2013 were reviewed , the latest of which dated December 10, 2013 revealed that the patient complains of pain in his neck and bilateral shoulders, worse in the right shoulder. He states that his arthritis is acting up in the right arm and he reports having a knot in his right shoulder. The patient also complains of pain in his lower back radiating down the bilateral legs with numbness. On a pain intensity scale, he rates all of his pain at a 9/10. The patient reports that he has had increased since his Vicodin ES dosage went from 750mg to 3000mg. On Physical examination the JAMAR grip dynamometer strength readings revealed 37/37/37 kg on the right and 33/37/35 kg on the left. There is tenderness throughout the cervical, thoracic and lumbar musculature. He has limited range of motion throughout his entire spine and taught bands. Urine drug screenings (12/12/12, 3/14/13, 6/12/13, 12/16/13) revealed elevated of Hydrocodone, Hydromorphone and Norhydrocodone.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Chronic Use of Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under on-going opioid treatment. Also, stated in ACOEM Guidelines, Chronic Use of Opioids Section, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). Official Disability Guidelines states that patients at low risk of addiction or aberrant behavior should be tested on a yearly basis. In this case, current medications include Tramadol and Naproxen. The patient has undergone multiple drug testing in the past with consistent results, the latest of which was dated 12/16/2013. The recent clinical evaluation does not document indication that may warrant a repeat urine drug testing. There is no discussion of the patient having a high risk for aberrant drug use behavior that will necessitate frequent drug monitoring. Therefore, the request for urine drug screen is not medically necessary and appropriate.

**RETRO TRIGGER POINT INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under on-going opioid treatment. Also, stated in ACOEM Guidelines, Chronic Use of Opioids Section, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). Official Disability Guidelines states that patients at low risk of addiction or aberrant behavior should be tested on a yearly basis. In this case, current medications include Tramadol and Naproxen. The patient has undergone multiple drug testing in the past with consistent results, the latest of which was dated 12/16/2013. The recent clinical evaluation does not document indication that may warrant a repeat urine drug testing. There is no discussion of the patient having a high risk for aberrant drug use behavior that will necessitate frequent drug monitoring. Therefore, the request for urine drug screen is not medically necessary and appropriate.

