

<b>Case Number:</b>	CM14-0107700		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/27/2000
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 patient is a 62-year-old male who has submitted a claim for post laminectomy syndrome - lumbar, facet art./spondylosis; post laminectomy syndrome, cervical associated with an industrial injury date of November 27, 2000. Medical records from 2014 were reviewed, which showed that the patient complained of neck and back pain. Physical examination revealed healed anterior and posterior cervical incisions, tenderness over the midline incision radiating into the paraspinal muscles, trigger points in the trapezius and some trace weakness at the deltoids bilaterally and biceps/triceps. Treatment to date has included surgery, physical therapy and medications such as acetaminophen and PRN Norco. Utilization review from July 10, 2014 denied the request for Baseline + random, routine urine drug screen every 3 months and or 90 days, Retrospective baseline urine drug screen 6/23/14 and Pain management follow up in 6-8 weeks. The request for the baseline + random urine drug screen every three months was denied because the patient the overall clinical presentation of the patient did not meet the criteria for it. The request for the retrospective baseline urine drug screen for the same reason plus the results of this exam were quantitative. The request for pain management follow up was denied because the pain management of the patient only covers PRN Norco which is within the scope of orthopedic and neurosurgical practice.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baseline + random, routine urine drug screen every 3 months and or 90 days:** Upheld



drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to detect opioid misuse/addiction. According to the Official Disability Guidelines (ODG), frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. High risk of addiction and aberrant behavior includes minimal objective findings are documented to explain pain. Symptom magnification can be noted. Patients with suicidal risks or poorly controlled depression may be at higher risk for intentional overdose when prescribed opioids for chronic pain. In this case, the patient was prescribed with urine screen because he is on PRN Norco. However, there is no evidence of an aberrant behavior that may predispose the patient to drug abuse. Neither does the patient have suicidal risks or poorly controlled depression. Furthermore, a report dated 3/10/14 requested urine drug testing which was approved but there was no mention that such was ever done. Therefore, the request for retrospective baseline urine drug screen 6/23/14 is not medically necessary.

**Pain management follow up in 6-8 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient was referred for pain management follow up. The diagnosis is certain and psychosocial factors are not present. The diagnosis is also not extremely complex and the patient's pain is currently treated with PRN Norco. There was no plan of more invasive therapy in the provided documentation. Treatment with Norco is within the scope of practice of the orthopedic surgeon managing the patient. It is unclear what additional benefit will a pain specialist add to the management of the patient. Therefore, the request for pain management follow up in 6-8 weeks is not medically necessary.