

<b>Case Number:</b>	CM14-0010977		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Neurology Surgery 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 injured worker is a 55-year-old male who was injured on April 22, 2011. The progress note dated November 7, 2013 indicates the injured is currently utilizing Norco, Lyrica, Anaprox, Ketoflex Ointment, and Cidaflex. A drug screen is requested. The December 2, 2013 progress note also requested urine drug screen. The clinician does not identify concern for aberrant medication usage or diversion of medication. Dating back to the December 2, 2013 progress note, pain with medications is noted to be 9/10 without drugs its 10/10. A urine drug screen is again requested on January 3, 2014. The results of the urine drug screen are not documented in the progress notes nor are they provided for this review. The utilization review in question was rendered on January 9, 2014. The reviewer noncertified the request for Anaprox and a urine drug screen. The reviewer indicates that multiple urine drug screens were performed on a periodic basis with the most recent one being performed on December 2, 2013. The reviewer indicated there was not significant pain relief while utilizing non-steroidal anti-inflammatory medications (NSAIDs) and recommended noncertification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation University of Michigan Health System

Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009, page 10).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES DRUG TESTING; OPIOIDS Page(s): 43, 74-96.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines supports the use of urine drug screens in individuals who are concurrently utilizing opioid pain medications. Based on the clinical documentation provided, at least two to three urine drug screens have been performed over the last three months with no results of the screens being provided. There is no clear indication or concern expressed by the clinician of aberrant medication usage or diversion of medications. As such, secondary to insufficient information, the request is not medically necessary.

**1 PRESCRIPTION OF ANAPROX 550 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

**Decision rationale:** The MTUS supports the use of non-steroidal anti-inflammatory medications (NSAIDs) as a 2nd line agent in the management of chronic low back pain for acute exacerbations. Based on the clinical documentation provided, the claimant is utilizing this medication chronically and there does not appear to be significant improvement in pain despite usage of this medication and opiates. As such, the request is not medically necessary.