

<b>Case Number:</b>	CM14-0117829		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/27/2002
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 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 injured worker is a 56 year old male who reported injuries to his neck and low back on June 27, 2002. There was also an indication the injured worker had a subsequent injury with a slip and fall off a ladder in June of 2002. The clinical note dated 04/11/13 indicates the injured worker continuing with pain at several sites to include the knees as well as the low back and neck. The clinical note dated 10/18/13 indicates the injured worker rating the neck and low back pain as 6-8/10. The injured worker also reported numbness and tingling in the left shoulder and left lower extremity. Radiating pain was also identified from the back into the left lower extremity. The urine drug screen completed on 10/14/13 resulted in inconsistent findings with the injured worker's use of prescribed medications. The injured worker had been prescribed the use of Hydrocodone which was not detected at any significant level. The clinical note dated 12/12/13 indicates the injured worker able to demonstrate 3/5 strength at the left shoulder. The note indicates the injured worker utilizing Tramadol for pain relief. The urine drug screen dated 12/31/13 revealed continued inconsistent findings with the use of Hydrocodone. The medication continued to be prescribed; however, it appears the injured worker had not been utilizing this medication in sufficient quantities. The urine drug screen completed on 01/16/14 indicates the injured worker was compliant with the prescribed drug regimen at that time. The note does indicate the injured worker having continued being prescribed the use of Hydrocodone. The operative note dated 01/13/14 indicates the injured worker having undergone an arthroscopic subacromial decompression at the left shoulder. The urine drug screen completed on 01/27/14 indicates the injured worker continuing to show inconsistent findings with the prescribed use of Hydrocodone. The clinical note dated 05/09/14 indicates the injured worker continuing with complaints of cervical, lumbar, and left shoulder pain. The note indicates the injured worker having been prescribed the use of Zanaflex and Synovacin. The clinical note dated 02/28/14

indicates the injured worker being prescribed the use of Norco as well as the Tizanidine and Synovacin. The urine drug screen completed on 05/23/14 revealed the injured worker showing consistent findings with the prescribed drug regimen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine toxicology testing:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The documentation provided for review indicates the injured worker complaining of pain at several sites, most notably the neck, low back, and left shoulder. Ongoing urine drug screens are indicated for injured workers who are continuing with the use of opioid therapy, have demonstrated aberrant behaviors, or have shown inconsistent findings on previous drug screens in the past. There is an indication the injured worker has previously undergone inconsistent findings with a number of urine drug screens in the past. Additionally, the injured worker is continuing with the use of Hydrocodone to address the ongoing pain. Given these factors, the request is medically necessary and appropriate.