

<b>Case Number:</b>	CM14-0118892		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/01/1991
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/17/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 61-year-old female who reported an injury on 08/01/1991. The mechanism of injury was not provided. On 06/10/2014 the injured worker presented with persistent lower back pain and bilateral lower extremity pain. Upon examination of the lumbar spine, there was tenderness to palpation over the transverse process of the left L4, iliac crest, paraspinal region at L4, iliolumbar region, and sciatic nerve. There was pain elicited with active range of motion of the lumbar spine. The diagnoses were lumbar post-laminectomy syndrome, lumbar spondylosis with myelopathy, displacement of lumbar intervertebral disc without myelopathy, and spondylolisthesis. Current medications included Norco, fentanyl, and gabapentin. The provider recommended a urine drug screen and fentanyl. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### 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 Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter. Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, page(s) 78 Page(s): page(s) 78.

**Decision rationale:** The request for a urine drug screen is not medically necessary. California MTUS indicates the use of urine drug screening for injured workers with documented issues of abuse, addiction, or poor pain control. There was lack of documentation that the injured worker was suspected of abuse, addiction, or poor pain control in the documentation provided. Additionally, it is unclear when the last urine drug screen was last performed. As such, the request is not medically necessary.

**Fentanyl 50mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids; Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), page(s) 44 Page(s): 44..

**Decision rationale:** The request for fentanyl 50 mg with the quantity of 15 is not medically necessary. The California MTUS state that fentanyl is not recommended as a first line therapy. Fentanyl is indicated for the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. The injured worker has been prescribed fentanyl, however the efficacy of the medication has not been provided. Additionally, the provider's request does not indicate the frequency of the medication in the request submitted. As such, the request is not medically necessary.