

<b>Case Number:</b>	CM14-0138403		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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, 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 48 year-old female who reported an injury on 10/26/2010. The mechanism of injury was not provided for the review. The diagnoses included thoracic or lumbosacral neuritis, unspecified, low back pain, and lumbar post-laminectomy syndrome. The past treatments included pain medication, epidural steroid and transforaminal steroidal injections. There was an electrodiagnostic study conducted on 01/27/2014 that revealed chronic left L5 denervation/radiculopathy. It was noted on 07/18/2014 that the injured worker reported difficulty sitting and standing for prolonged periods of time and depression. The injured worker rated her pain from 8/10 to 4-5/10 with pain medication. The physical examination findings revealed no induration, ecchymosis or swelling with normal alignment in the lumbar spine. There was no tenderness to palpation of the lumbar spine. Range of motion of the lumbar spine was lateral flexion to the left/right at 25 degrees, rotation to the left was at 30 degrees, rotation to the right was at 40 degrees, flexion was at 70 degrees, and extension was at 20 degrees. Medications included Norco. The treatment plan was for a retrospective urine drug screen, a prospective urine drug screen, and a follow-up evaluation with a pain management specialist. The rationale for the request and the request for authorization form were not provided for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine drug screen (DOS: 815/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; drug testing;. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 7/10/2014; Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, urine drug screen

**Decision rationale:** The request for a retrospective urine drug screen is not medically necessary. The California CMTUS guideline state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, and also, for the ongoing monitoring of prescribed opioid use. The injured worker has a history of low back pain and bilateral extremity pain with numbness and tingling in the right leg and foot. The injured worker has been treated with pain medication, epidural steroid and transforaminal steroidal injections. The injured worker has been using the opioid, Norco, for pain management. It was noted within the medical record that the injured worker's pain was decreased form 8/10 to 4-5/10 with the use of the pain medication. It was also noted within the medical record that the injured worker had a urine drug screen on 03/27/2014 but there was no lab report provided for review. There was no evidence within the medical record that the injured worker has displayed aberrant drug taking behaviors. Given that there were no lab reports provided for review and no documentation reflecting aberrant drug taking behaviors the request for a repeat urine drug screen is not supported. As such the request is not medically necessary.

**Prospective review of urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; dug testing. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 7/10/2014; Urine Drug Testing (UDT)

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

**Decision rationale:** The request for a prospective urine drug screen is not medically necessary. The California CMTUS guideline state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs .Also, for ongoing monitoring of prescribed opioid use in order to identify aberrant drug-taking behaviors. The injured worker has a history of low back pain and bilateral extremity pain with numbness and tingling in the right leg and foot. The injured worker has been treated with pain medication, epidural steroid and transforaminal steroidal injections. The injured worker has been using the opioid, Norco, for pain management. It was noted within the medical record that the injured worker's pain was decreased form 8/10 to 4-5/10 with the use of the pain medication. It was also noted within the medical record that the injured worker had a urine drug screen on 03/27/2014 but there was no lab report provided for review. There was no evidence within the medical record that the injured worker has displayed aberrant drug taking behaviors. Given that there

were no lab reports provided for review and no documentation reflecting aberrant drug taking behaviors the request for a repeat urine drug screen is not supported. As such the request is not medically necessary.

**Follow-up evaluation with a pain management specialist (lumbar):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC Pain Procedure Summary last updated 07/10/2014; regarding office visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back, Office Visits

**Decision rationale:** The request for a follow-up evaluation with a pain management specialist is medically necessary. The Official Disability Guidelines state, office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The injured worker has a history of low back pain and bilateral extremity pain with numbness and tingling in the right leg and foot. The injured worker has been treated with pain medication, epidural steroid and transforaminal steroidal injections. The injured worker has been using the opioid, Norco, for pain management. It was noted within the medical record that the injured worker's pain was decreased from 8/10 to 4-5/10 with the use of the pain medication. The ODG guideline clearly recommends office visits for the ongoing evaluation and management of pain relief and functional status. Furthermore, the ODG encourages office visits based on what medications the patient is taking since some medications such as opiates require monitoring. Given that the injured worker has been taking Norco with reports of pain relief and that the above guideline recommends office visits for ongoing monitoring and evaluation with the goal of restoring the injured worker's function, the request is supported. As such the request is medically necessary.