

<b>Case Number:</b>	CM14-0155076		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/01/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### **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 & Rehabilitation 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 33-year-old male who reported an injury on 03/01/2014. The mechanism of injury was not provided. The injured worker has diagnoses of lumbosacral strain/sprain with radiculitis, cervical strain/sprain with radiculitis, and thoracic strain/sprain. Past medical treatment included osteopathic medical care, chiropractic treatment, active and passive range of motion exercise, physical modalities, stretching exercises, strengthening exercise, soft tissue manipulation, and medications. Diagnostic testing included an MRI of the thoracic spine on 05/20/2014, x-ray of the cervical spine on 05/15/2014, and an x-ray of the lumbar spine on 05/15/2014. Surgical history was not provided. The injured worker complained of low back pain radiating to left foot, neck pain radiating to the left hand, and mid back pain on 05/05/2014. The physical examination revealed tenderness palpated along the spinous process of C3-6 and bilateral paraspinal structures of C4-7. Physical examination of the thoracic spine revealed tenderness palpated along the spinous process of T6-T12 and bilateral paraspinal structures of T6-T12. The physical examination of the lumbosacral spine revealed tenderness palpated along the spinous process of L2-S1 and bilateral paraspinal muscles from L3-5, lumbosacral junction and right PSIS. Medications included naproxen 550 mg, tramadol ER 150 mg, Cyclobenzaprine 7.5 mg, and 2 different compound creams, 1 containing Flurbiprofen, Capsaicin Menthol, Camphor, and the second containing Ketoprofen/Cyclobenzaprine/Lidocaine. The treatment plan is for drug screening, and refill medications. The rationale for the request was not submitted. The Request for Authorization form was submitted on 08/11/2014.

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

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

**Drug Screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The MTUS Chronic Pain Guidelines also recommend the use of urine drug screening to ensure the injured worker is compliant with their full medication regimen. The last urine drug testing provided in the documentation was on 07/24/2014. The results did not detect any medications. A discussion regarding those results was not provided. There is no indication that the provider suspected the injured worker of misuse to warrant an additional urine drug screen. In addition, a rationale was not provided in the documentation. Therefore, the request for Drug Screening is not medically necessary.

**Refill Medications (No Rx provided):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

**Decision rationale:** The MTUS Chronic Pain Guidelines state relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. There is a lack of documentation of measures that show evidence of the lasting benefit from the injured worker's medications including evaluating the effect of pain relief in relationship to improvements in function and increased activity. Additionally, the request does not indicate the names, frequencies, doses, or quantities of the medications being requested in order to determine the necessity of the medications. Therefore, the request for Refill Medications (No Rx provided) is not medically necessary.