

<b>Case Number:</b>	CM14-0164235		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Occupational 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 was injured on 01/10/13. Two-physician physician pharmacological management visits, 3 urinalysis tests, and 3 CMP tests have been requested. The mechanism of injury is unknown. She has multiple chronic musculoskeletal complaints and her diagnoses include ankle sprain, lumbar disc herniation, cervical and lumbar sprain/neuritis, insomnia, and anxiety/ depression. There were multiple positive orthopedic tests. On 06/04/14, electrodiagnostic studies were normal. On 07/24/14, her pain and findings were unchanged. Epidural steroid injection/facet injections were recommended due to significant MRI findings. On 08/25/14, her pain and findings were unchanged. She was to see a physician for pharmacological management and was last seen on 08/26/14; however, there is no note from that date. On 09/03/14, she had an orthopedic evaluation and her medications included Pepcid and prenatal vitamins; however, no medications for her orthopedic complaints because of the pregnancy. She saw a psychologist on 09/23/14 for an AME psychological evaluation. She had been advised by her OB/GYN physician to take Tylenol as needed. She had been prescribed Tramadol, Pantoprazole, gabapentin, Diclofenac, and Cyclobenzaprine in the past but they were denied. She was only taking Tylenol when necessary. On 10/06/14, she saw a chiropractor and had frequent moderate and more than moderate pain. There were episodes of insomnia. She complained of pain in the right ankle region and the low back radiating to the right lower extremity. There were multiple orthopedic tests that were positive. She was pregnant. X-rays of the right knee were deferred until after the pregnancy. She was to continue seeing a physician for pharmacological management, urine testing to confirm medication treatment, and CMP to monitor liver and kidney status randomly 3 times per 6 months. Her movements are slow and deliberate due to pain, and she was mostly unchanged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Two (2) Physician Pharmacological Management Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The history and documentation do not objectively support the request for two physician pharmacological management visits. The MTUS state "if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment." The injured worker has ongoing pain and is pregnant. She is only taking Tylenol for pain and her medication use is not complex. There is no report from the prior visit on 08/26/14 and no specific reason the consultation can be ascertained from the file. It is not clear whether she has completed or attempted and failed all other reasonable care. The medical necessity of this request for 2 physician pharmacological visits has not been clearly demonstrated. Therefore, the request is not medically necessary.

### **Three (3) UA Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

**Decision rationale:** The history and documentation do not objectively support the request for 3 urine drug test. The MTUS state "drug tests may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no evidence that illegal drug use or noncompliance with recommended medication use may be suspected. The injured worker reportedly has been compliant with her medication use and she has only been taking Tylenol. It is not clear why repeat drug screens are being requested. The results of past urine drug tests, if any were done, are not known. The specific indication for repeat drug screen has not been described and none can be ascertained from the records. The medical necessity of this request for three repeat urine drug tests has not been clearly demonstrated. Therefore, this request is not medically necessary.

### **Three (3) CMP Testing:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, chapters on kidney and liver disease

**Decision rationale:** The history and documentation do not objectively support the request for three repeat CMP tests. Harrison's Principles of Internal Medicine recommend laboratory testing of the blood when specific symptoms are present and certain disorders need to be evaluated or ruled out. The injured worker has no history of liver or kidney problems noted in the records. There is no history that supports the need for repeat CMPs. There is no documentation of symptoms that may be related to kidney or liver problems to support these laboratory studies. The specific reason for the tests has not been described and none can be ascertained from the records. The medical necessity of the request for three repeat CMPs has not been clearly demonstrated. Therefore, this request is not medically necessary.