

<b>Case Number:</b>	CM14-0072325		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 request for independent medical review was dated May 19, 2014. The denial was on April 25, 2014. The injured worker is described as a 30-year-old man that was injured on April 27, 2011. This was a request for urine toxicology test and a consult with an ophthalmologist. As of March 19, 2014, the patient feels worse regarding the blood pressure. His blood pressure at home is 177/115. He has had headaches and blurred vision. The pain is 7 to 8 out of 10. On exam at the doctor's office, the blood pressure was 141/100. The doctor requesting the opiates appears not to be the prescribing physician for the patient's opiate medicine. He did complete a urine drug test on January 16, 2014. The pain specialist is [REDACTED]; it was also mentioned that he underwent a urine drug test on January 24, 2014. The first reviewer felt a urine drug screen is not indicated because this is not the prescribing physician for the opiate medicine. There did not appear to be a clinical rationale for this test to be ordered by the internal medicine physician was not prescribing the medicine. The eye doctor referral appears to be based on cardiac risk. The patient also poorly controlled hypertension with reports of headaches and blurred vision. There is however no clinical examination suggesting and organ damage to the retina. There is no mention of visual acuity or evaluation of the fundus. The patient has newly diagnosed hypertension which was not presently controlled and has symptoms associated with high blood pressure, but no clinical exam to suggest retinal disease. There was a primary treating physician's orthopedic follow-up report from May 27, 2014. There continued to be low back pain radiating at 10 out of one out of 10 and there was gait difficulty. There was continued radicular pain along the bilateral lower extremities. They are pending authorization for an inpatient detoxification program. He has significant anxiety. He continues to have abdominal pain, acid reflux, nausea, diarrhea, constipation, urinary urgency, sleep disturbance, anxiety and depression. The blood pressure was still high. The assessment was cervical disc syndrome, cervical spine sprain-strain, right shoulder

sprain strain, failed back syndrome, foot drop, intractable pain, urinary disturbance, sleep disturbance, anxiety, depression and hypertension. There is evidence of prolonged medication usage including gabapentin and opiate narcotics due to, chronic industrial related low back pain. Authorization is also being requested for internal medicine for follow-up.

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

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

**Urine toxicology test:** Upheld

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

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

**Decision rationale:** Regarding the urine drug testing, the MTUS recommends it as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In this case, however, there is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. Also, it would be inappropriate for two separate physicians to be doing drug tests, and monitoring for compliance. Therefore, this request is considered not medically necessary.

**Consultation with Ophthalmologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) 2012 Nov, page 67.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Guidelines, Chapter 7, Page 127.

**Decision rationale:** Per the MTUS, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for a consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. Further, there was no actual objective evidence of eye disease on a documented eye exam. Therefore this request is considered not medically necessary.

