

<b>Case Number:</b>	CM14-0078163		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Family 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 30 year old male who reported an injury to his mid and low back on 9/17/2012. The clinical note dated 03/29/14 indicates the injured worker complaining of a constant, moderate, dull, and aching low back pain with radiation of pain to the lower extremities. The injured worker also reported weakness in the lower extremities. The injured worker rated the pain as 5/10. There is an indication the injured worker is having difficulty with his sleep hygiene secondary to the low back complaints. Intermittent mild to moderate dull pain was also identified in the thoracic region. The clinical note dated 07/07/14 indicates the injured worker utilizing Hydrocodone for ongoing pain relief as well as Tramadol. There is an indication the injured worker had undergone a urine drug screen at that time. The clinical note dated 06/09/14 indicates the injured worker having been dispensed Naprosyn and Omeprazole, Cyclobenzaprine, as well as the ongoing use of Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Follow up for pain medication and urine drug screen to rule out meds toxicity ONLY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 127 [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

**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) IME and Consultation, Page 503

**Decision rationale:** The request for a follow up for pain medication and a urine drug screen to rule out medication toxicity is not medically necessary. The documentation indicates the injured worker complaining of ongoing mid and low back pain. Ongoing office visits are indicated for injured workers who have the need for further evaluations as well as to address the ongoing use of pain medications. There is an indication the injured worker is continuing with the use of pain medications. However, no information was submitted regarding the preliminary findings indicating a reduction in pain as no VAS scores were submitted for review. Additionally, it is unclear if the injured worker is undergoing any therapeutic interventions aside from the pain medications. No information was submitted regarding the objective clinical findings indicating improvement with the continued use of the ongoing pain medications. Given the inadequate information regarding the injured worker's response to the use of these medications, this request is not indicated as medically necessary.