

<b>Case Number:</b>	CM14-0085657		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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:

This is a 49 year-old female who has reported back, shoulder, and knee pain after an injury on September 6, 2013. She has been diagnosed with lumbar disk disease, meniscal tear, impingement syndrome, and bursitis. She has been treated with physical therapy, chiropractic, medications, and prolonged total disability prescribed by treating physicians. Per a report of 12/4/13, the treating physician was a pain management physician. That report and others from that physician are very minimal and provide insufficient information to support ongoing care from this physician. No medications were listed and there was no evidence of specific treatment provided that was not or could not have been provided by the other treating physicians. The injured worker is also seeing a primary treating physician who prescribes therapy and medications, an orthopedic surgeon who has recommended knee surgery, a chiropractor, and a general surgeon. Per the PR2 of 4/10/14 from the primary treating physician, there was ongoing shoulder and knee pain. The back and knee were tender. The treatment plan included topical creams, chiropractic, a urine drug screen, and "temporarily totally disabled" work status. No medications were listed. The PR2 of 5/8/14 was essentially the same as reports before and after it. There was ongoing multifocal pain with no specific findings on exam and no specific history. On 5/8/14 a pain management referral, urine drug screen, and DNA test were ordered, with no explanation regarding the nature or indications for this DNA test or drug test, or indications for the referral. On 6/6/14, there was knee, back, and shoulder pain. The treatment plan was largely the same as for visits before and after this date, and included chiropractic, a urine drug screen, unspecified medications, and "temporarily totally disabled" work status. On 7/3/14 there was back, shoulder, and knee pain. The treatment plan included MRIs, electrodiagnostic testing, medications, unspecified therapy, urine drug screen, and "temporarily totally disabled" work status. Urine drug screens on 3/14/14, 4/10/14, 5/8/14 and 6/6/14 were negative for a vast

quantity of analytes. No current medications were listed. On 5/29/14, Utilization Review non-certified the referral and tests now under Independent Medical Review. Note was made of the lack of medical evidence and indications for testing, and the lack of sufficient clinical information to support the referral. The MTUS and the Official Disability Guidelines were cited.

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

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

#### **Outpatient Pain Management Referral/Consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7, Page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**Decision rationale:** There is not enough information presented to show medical necessity for a pain management referral. There is an insufficient accounting of the relevant signs and symptoms. The only findings listed are non-specific pain in multiple body parts. The Medical Treatment Utilization Schedule, ACOEM Guidelines 2nd Edition, pages 23-33, provides direction for initial assessment of musculoskeletal and other complaints. The treating physician has not provided the information recommended in this portion of the MTUS. The injured worker has already seen a pain management physician, and that physician's reports are so brief as to be inadequate to support any treatment. A referral back to this same physician would not be indicated. Medical necessity for any referral, test or treatment should be supportable from the available reports. Necessary information should include the relevant signs and symptoms, including the duration of symptoms, other relevant medical history, aggravating and relieving factors, and circumstances of onset. A basic physical exam should be included, which in this case would include ROM, neurologic status, physical appearance, specific tenderness, and other specific local findings. In this case, this kind of information is not presented. For the above reasons, the request for an Outpatient Pain Management Referral is not medically necessary.

#### **Urine Drug Testing for Toxicology: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Urine drug screening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of Opioids, drug screens, steps to avoid misuse/addiction. Page(s): 78-80; 94;.

**Decision rationale:** The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. No medications were listed, and the need for management via a urine drug screen is not explained. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no

evidence in this case that opioids are prescribed. The treating physician has not listed any other reasons to do the urine drug screen. The monthly urine drug screens in the records included include many unnecessary tests, as many or all drugs with no apparent relevance for this patient were assayed. The MTUS recommends random drug testing, not at office visits or regular intervals. The tests to date are performed monthly, which is extremely frequent and not indicated per the guidelines absent very unusual indications (none of which were discussed). Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The treating physician is requested to address these issues to ensure that testing is done appropriately and according to guidelines. Strict collection procedures must be followed, testing should be appropriate and relevant to this patient, and results must be interpreted and applied correctly. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program, the excessive frequency of testing, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

**Noninvasive DNA Test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Genetic testing for potential opioid abuse

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine Testing Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Genetic Testing For Potential Opioid Abuse

**Decision rationale:** The treating physician has not explained what sort of DNA test he is prescribing. Per the citations above, Cytokine DNA testing and genetic testing for opioid misuse are not indicated. Absent other information, it is assumed that one of these two kinds of tests was prescribed. Neither is recommended so the test is not medically necessary.