

<b>Case Number:</b>	CM14-0087348		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Illinois. 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 a 60-year-old male who reported an injury on 08/02/2012. While pulling a latch from a trailer he felt a pain in his arm and lower back. The injured worker had a history of upper back pain that radiated to his bilateral shoulders. The injured worker had diagnoses of cervical strain, possible herniated nucleus pulposus, lumbar strain at the L2-3 and L3-4 bulge, rule out acute herniated nucleus pulposus and status positive L4-S1 fusion. The past treatments included an electrodiagnostic dated 05/08/2013 with results normal sensory amplitudes were within normal limits. The diagnostics included MRI of the lumbar spine dated 11/01/2012 that revealed discogenic changes at the HNP (Herniated Nucleus Pulposus) with HNP L2-3, L3-4, showing a status post fusion at the L4-S1. The x-rays to the lumbar spine dated 02/19/2014 revealed spondylosis at the L2-3 and L3-4. The x-ray of the right shoulder dated 02/19/2014 revealed normal findings. The x-ray of the left shoulder dated 02/19/2014 was within normal limits. The treatment plan included refill for medications and an MRI to the lumbosacral spine. The medication included naproxen sodium 90 tablets, Menthoderm 120 mL, cyclobenzaprine 7.5 mg, and tramadol ER 150 mg with a reported pain scale of 8/10 using the VAS. The injured worker received physical therapy of unknown sessions that included spinal traction, interferential trigger point therapy, and chiropractic adjustments. The objective findings of the lumbar spine dated 04/30/2014 revealed normal reflex sensory and power testing to bilateral and upper and lower extremities. Weakness and numbness to the right L3 and L4, straight leg raise negative bilaterally, antalgic gait, and positive lumbar tenderness of the lumbosacral spine with range of motion decreased by 40%. The treatment plan included cervical traction, hydrotherapy, psychotherapy, trigger point therapy, and chiropractic adjustments 2 times a week. The request for authorization was submitted within the documentation. The rationale was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective full panel Drug Screen:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend drug screening as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. Per the clinical notes provided, there was no evidence of illegal drug use or dependence or addiction. As such, the request of retrospective full panel Drug Screen is not medically necessary and appropriate.