

<b>Case Number:</b>	CM14-0196616		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/16/2000
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 53-year-old man with long-term history of back pain. The injured worker's working diagnoses or long-term current use of medications; closed fracture of dorsal/lumbar vertebrae without mention of spinal injury; rheumatoid arthritis; thoracic spondylosis without myelopathy; degenerative thoracic/thoracolumbar intervertebral disc; and dramatic spondylitis. Subjective complaints are left bilateral back, buttock and hip pain. Medications are Percocet, Baclofen, and OxyContin. The injured worker has been continuing conservative treatment including home exercise program, moist heat and stretching. The injured worker underwent bilateral lumbar facet injections at L5 - S1, L4 - L5. Future consideration was given to bilateral thoracic radiofrequency ablation at T11 - T 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screening is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at high risk may require testing as often as once per month. In this case, injured worker's working diagnoses or long-term current use of medications; closed fracture of dorsal/lumbar vertebrae without mention of spinal injury; automatic spondylitis in; rheumatoid arthritis; thoracic spondylosis without myelopathy; degenerative thoracic/thoracolumbar intervertebral disc; and dramatic spondylitis. The medical record contains documentation of the urine drug screen performed April 27, 2014 and June 7, 2014. There is no documentation in the medical record indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. There are no risk assessments in the medical record. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at high risk may require testing as often as once per month. There is no documentation in the medical record indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, a repeat urine drug toxicology screen is not consistent with the guidelines and there is no clinical documentation to support repeating a urine drug screen. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, a urine drug screen is not medically necessary.

**Baclofen 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 20 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker was taking Baclofen as far back as August 19, 2014. This appears to be a refill. There is no documentation in the medical record to support the ongoing use of Baclofen. Baclofen, a muscle relaxant is recommended for short-term (less than two weeks) preventive

acute low back pain and for short term treatment of acute exacerbations in chronic low back pain. There is no acute exacerbation of back pain documented in the medical record. Additionally, the treating physician clearly exceeded the recommended guidelines of less than two weeks in treatment duration. Consequently, absent clinical documentation to support the ongoing use of Baclofen in contravention of the recommended guidelines (less than two weeks), Baclofen 20 mg #90 is not medically necessary.