

<b>Case Number:</b>	CM15-0018062		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	06/11/2001
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 61-year-old female, who sustained an industrial injury reported on 6/11/2001. She has reported chronic, radiating low back pain. The diagnoses were noted to have included lumbar radiculopathy; lumbar spinal stenosis; lumbar disc degeneration; low back pain; lumbar disc displacement/rupture; and post-lumbar spine surgery syndrome. Treatments to date have included multiple consultations; diagnostic imaging studies; urine toxicology screen (11/26/14); an effective, recent, right 7 left lumbar epidural steroid injection therapy (11/13/14); trigger point injection therapy; physical therapy; transcutaneous electrical stimulation unit; chiropractic treatments; home care; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary since 2003. On 1/16/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/14/2015, for 1 urine drug screen; and 1 prescription for Flector Patch #30 to place over the lower back for pain control. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opiate use and urine drug screening, topical non-steroidal anti-inflammatory, analgesics and the Federal Drug Administration, Flector patch, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Criteria for use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 78 of 127..

**Decision rationale:** The California MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction, or poor pain control. Given the lack of documentation of high-risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary, given that the request for UDS is less than 2 months after the previous UDS.

**Prescription of Flector patch #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Flector patch (diclofenac epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111,112 of 127.

**Decision rationale:** The California MTUS guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti-inflammatory. The injured employee suffers from low back and hip pain in the progress note dated November 26, 2014 indicates placement of the patches over the spine. There is no indication for this medication and the request is not considered medically necessary.