

<b>Case Number:</b>	CM15-0141483		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/23/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 36 year old female patient who sustained an industrial injury on 5-23-14. Diagnoses include lumbar strain with radiculopathy and degenerative disc disease. Per the doctor's note dated 6/15/2015, she had complaints of low back pain with paresthesia in the right lower extremity. The physical examination revealed decreased range of motion in the lumbar spine, tenderness to palpation with significant muscle spasm noted in the right paraspinals and positive straight leg raise test on the right. The medications list includes Percocet, Tizanidine, Tramadol and Lyrica. She has had lumbar spine MRI dated 6/9/2014 which revealed disc protrusion and annular fissuring at L4-5 and L5-S1; right hip MRI dated 6/11/2014 and EMG/NCS dated 2/2/2015. She has had injections, physical therapy and prescription pain medications. She has had urine drug screen report dated 7/9/14 and 12/2/2014 with inconsistent findings. A request for Office Visit Follow-up x3 with Pain Management for lumbar spine/SI syndrome, urine drug screen and Urine Drug test (Amphetamine, Methamphetamine x5, Benzoylcegonine, Flurazepam, Benzodiazepines x8, Opioids x8, Hydrocodone, Hydromorphone, EDDP) was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office Visit Follow-up x3 with Pain Management for lumbar spine/SI syndrome:**  
Overturned

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

**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) Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had low back pain with paresthesia in the right lower extremity. Patient has significant objective findings on the physical examination- decreased range of motion in the lumbar spine, tenderness to palpation with significant muscle spasm noted in the right paraspinals and positive straight leg raise test on the right. Patient had lumbar MRI with abnormal findings. Patient is on multiple medications including Percocet, Tizanidine, Tramadol and Lyrica. Periodic follow-up with pain management for lumbar spine/SI syndrome is medically appropriate for management of medications and to evaluate the response to the medications. The request of Office Visit Follow-up x3 with Pain Management for lumbar spine/SI syndrome is medically appropriate and necessary in this patient at this juncture.

**Urine Drug Screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15), Opioids, tools for risk stratification & monitoring, Urine drug testing (UDT).

**Decision rationale:** Urine Drug Screen, Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the records provided the medications list includes Percocet, Tizanidine, Tramadol and Lyrica. Per the cited guidelines ".....4. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. 5. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. 6. If a urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the questioned drug. If negative on

confirmatory testing the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or non-compliance. Additional monitoring is recommended including pill counts. Recommendations also include measures such as prescribing fewer pills and/or fewer refills. A discussion of clinic policy and parameters in the patient's opioid agreement is recommended. Weaning or termination of opioid prescription should be considered in the absence of a valid explanation. See Opioids, dealing with misuse & addiction. 7. If a urine drug test is positive for a non-prescribed scheduled drug or illicit drug, lab confirmation is strongly recommended. In addition, it is recommended to obtain prescription drug monitoring reports." Patient had urine drug screen on 7/9/14 and 12/2/2014 with inconsistent findings. Per the records provided patient's current medications list includes opioids and patient has history of previous inconsistent urine drug screens. The request of urine drug screen is medically appropriate and necessary for this patient at this juncture.

**Urine Drug test (Amphetamine, Methamphetamine x5, Benzoyllecgonine, Flurazepam, Benzodiazepines x8, Opioids x8, Hydrocodone, Hydromorphone, EDDP):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, page 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15), Opioids, tools for risk stratification & monitoring, Urine drug testing (UDT).

**Decision rationale:** Urine Drug test (Amphetamine, Methamphetamine x5, Benzoyllecgonine, Flurazepam, Benzodiazepines x8, Opioids x8, Hydrocodone, Hydromorphone, EDDP). Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the records provided the medications list includes Percocet, Tizanidine, Tramadol and Lyrica. Per the cited guidelines ".....4. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. 5. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. 6. If a urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the questioned drug. If negative on confirmatory testing the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or non-compliance. Additional monitoring is recommended including pill counts. Recommendations also include measures such as prescribing fewer pills and/or fewer refills. A discussion of clinic policy and parameters in the patient's opioid agreement is recommended. Weaning or termination of opioid prescription should be considered in the absence of a valid explanation. See Opioids, dealing with misuse & addiction. 7. If a urine drug test is positive for a non-prescribed scheduled drug or illicit drug, lab confirmation is strongly recommended. In addition, it is recommended to obtain prescription drug monitoring reports." Patient had urine drug screen on 7/9/14 and 12/2/2014

with inconsistent findings. Per the records provided patient's current medications list includes opioids and patient has history of previous inconsistent urine drug screens. The request of Urine Drug test (Amphetamine, Methamphetamine x5, Benzoyllecgonine, Flurazepam, Benzodiazepines x8, Opioidx8, hydrocodonex1, Hydromorphone x1, EDDP x1) is medically appropriate and necessary for this patient at this juncture.