

<b>Case Number:</b>	CM15-0160496		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 49 year old woman sustained an industrial injury on 9-2-2011. Diagnoses include lumbosacral radiculopathy, lumbar degenerative disc disease, limb pain left shoulder pain, cervical radiculopathy, thoracic spine pain, and muscle spasms. Treatment has included oral medications and TENS unit. Physician notes dated 6-9-2015 show complaints of persistent neck pain with muscle spasms and mid back pain with muscle spasms. The physical examination shows a limp with ambulation, lumbar spine incisions well healed, limited lumbar spine range of motion without measurements, moderated decrease in cervical spine range of motion, moderate tenderness to palpation of cervical paraspinal muscles with significant bilateral muscle spasms and diffuse upper extremity weakness and decreased sensation to the left fifth finger. Recommendations include Oxycontin, Oxycodone, schedule physical therapy, continue TENS unit use, urine drug screen, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 1 Urine drug screen DOS: 11/24/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine drug screening.

**Decision rationale:** MTUS Guidelines support the rationale use of drug screening for chronic opioid users, but the MTUS Guidelines do not provide details regarding the medical necessity of frequency or type of testing. ODG Guideline recommends the frequency based on a risk assessment. If there is a high risk of misuse, more frequent testing is recommended. This individual had prior testing 6 weeks and then 2 weeks prior to this testing that was reported to be consistent with medications. The necessity for repeat testing 2 weeks later is not documented. In addition, the Guidelines recommend point of service testing (POS testing) initially and confirmatory testing only if there are special circumstances or inconsistencies with the POS testing. If confirmatory testing done, the Guidelines state it should be narrowly focused on the drug(s) in question. These standards were not met with the repeat drug testing. No rationale for unsupported frequency is documented. No rationale for confirmatory testing of several drug classes is documented. The Retrospective 1 Urine drug screen DOS: 11/24/14 was not medically necessary.

**Retrospective 1 therapeutic injection hydromorphone up to 4mg DOS: 11/24/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** MTUS Guidelines support the careful use of opioids for chronic pain if there is meaningful pain relief and functional benefits. The Guidelines do not support the use of injectable opioids for chronic musculoskeletal pain and there are no unusual circumstances to justify the frequent use of injectable opioids for this individual. On frequent physician office visits, injectable opioids are provided. There is no subsequent evidence of improved pain relief and there is no evidence of functional benefits as a result of this habitual practice. The Retrospective 1 therapeutic injection hydromorphone up to 4mg DOS: 11/24/14 was not medically necessary.