

<b>Case Number:</b>	CM15-0180630		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Physical Medicine & Rehabilitation

### 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 24 year old male with a date of injury on 5-12-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine herniated nucleus pulposus (HNP) and left shoulder impingement syndrome. According to the progress report dated 8-7-2015, the injured worker complained of back pain rated seven to eight out of ten and left shoulder pain rated six out of ten. Per the treating physician (8-7-2015), the injured worker was to remain off work. The physical exam (8/7/2015) revealed tenderness of the lumbar spine and the left shoulder. The progress reports were hand written and difficult to decipher. Treatment has included nerve conduction study (NCS) and electromyography (EMG) of the bilateral lower extremities. Current medications were not listed in the submitted documentation. The original Utilization Review (UR) (8-21-2015) denied requests for a urine toxicology screen and a follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis for toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 Chapter under Urine Drug Screen.

**Decision rationale:** The 24 year old patient complains of lower back pain, rated at 7-8/10, and left shoulder pain, rated at 6/10, as per progress report dated 08/07/15. The request is for Urinalysis for toxicology. There is no RFA for this case, and the patient's date of injury is 05/12/14. Diagnoses, as per progress report dated 08/07/15, included lumbar herniated nucleus pulposus, left shoulder impingement syndrome, and spasm of muscle. The patient is off work, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, Criteria for use of Opioids Section, under Opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Screen states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. 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. 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." In this case, a request for urinalysis for toxicology is noted in progress reports dated 08/07/15 and 03/06/15. The treater, however, does not explain the purpose of the request. There is no indication that the patient is on opioid therapy. The treating physician does not discuss the patient's opioid dependence risk either. MTUS only supports UDS in patients taking opioid medications. Given the lack of relevant documentation, the request is not medically necessary.

**Follow up visit in 4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127.

**Decision rationale:** The 24 year old patient complains of lower back pain, rated at 7-8/10, and left shoulder pain, rated at 6/10, as per progress report dated 08/07/15. The request is for Follow up visit in 4 weeks. There is no RFA for this case, and the patient's date of injury is 05/12/14. Diagnoses, as per progress report dated 08/07/15, included lumbar herniated nucleus pulposus, left shoulder impingement syndrome, and spasm of muscle. The patient is off work, as per the same progress report. Regarding follow-up visits, MTUS Chronic Pain Guidelines 2009, page 8 and Pain Outcomes and Endpoints section, states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, a request for follow-up in 4 weeks is noted in progress report dated 08/07/15. While the treater does not provide an explanation, the

patient continues to complain of chronic neck and left shoulder pain and may benefit from a follow-up visit to the primary care physician. Hence, the request is medically necessary.