

<b>Case Number:</b>	CM14-0116782		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53 year old patient who sustained injury on Jul 19, 2013. She had pain on her left side. She had an ultrasound of her left leg and this was negative for blood clots. She was prescribed Gabadone, Theramine, and Trepadone. She was diagnosed with lumbar sprain and neck pain. On a visit on Dec 19 2013 to [REDACTED], she was noted to have movement difficulties on exam and she was prescribed fish oil, Cidaflex, Serrapeptase, and Motrin. She had urine drug testing on Apr 22 2014, May 28 2014, and Jun 28 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 88,89, 93, 94.

**Decision rationale:** As per MTUS guidelines, Urine drug testing should be done 2 times per year and the frequency can be increased if there are signs of abuse or addiction. Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective

state) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources (Wisconsin, 2004) (Michna, 2004) (Chabal, 1997) (Portenoy, 1997). Based on the clinical documentation provided, Urine Drug Screen is not medically necessary and appropriate as the patient had no signs of abuse or addiction/abuse.

**Six (6) Chiropractic visits for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to the guidelines, Manual therapy & manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The patient had evidence of musculoskeletal issues and was diagnosed with lumbar strain. From the clinical documentation provided, there is no evidence that patient an achievement in functional improvement or relief of pain. There is no detail in regard to relevant symptoms or treatment. This therapy would not be medically indicated. Therefore, the request for six (6) Chiropractic visits for low back is not medically necessary and appropriate.