

<b>Case Number:</b>	CM14-0120177		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

The patient is a 31-year-old male who has submitted a claim for lumbosacral sprain and strain associated with an industrial injury date of October 9, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the bilateral buttocks to the right foot. Physical examination of the lumbar spine showed tenderness over the paraspinal muscles, and decreased and painful range of motion. The diagnosis was lumbosacral sprain/strain. Patient was also diagnosed with depressive disorder and nicotine dependence in early remission based on an initial psychological evaluation on June 9, 2014. He was prescribed Vicodin, Xanax, and an unrecalled antidepressant but has ran out of medications. Treatment to date has included oral analgesics, physical therapy, TENs, deep massage, and chiropractic therapy. Utilization review from July 18, 2014 modified the request for urine toxicology to 10 panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results x 1. Considering that the claimant has been prescribed controlled medications and there is no documented evidence of aberrant behavior, request for early refills, or any documentation indication that the claimant is at anything other than minimal risk for medication misuse, the medical necessity has been established. The request for return to clinic in 4-6 weeks was also modified to return to clinic in 4-6 weeks x1. Considering that the claimant has ongoing symptoms despite conservative treatment, and to evaluate the claimant's response to pain medication and other treatments partial certification for return to clinic in 4-6 weeks x 1 is recommended. Further treatments and visits will require documentation of ongoing medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TOXICOLOGY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** As stated on page 43 of the CA MTUS Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. In this case, patient was prescribed Vicodin, Xanax, and an unrecalled antidepressant but has ran out of medications based on initial psychological evaluation on June 9, 2014. It is unclear whether the patient is currently taking any controlled medications, and whether these medications were authorized. There is no clear indication for a urine drug screen at this time. Therefore, the request for URINE TOXICOLOGY is not medically necessary.

**1 VISIT- RETURN TO CLINIC IN 4-6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient was diagnosed with lumbosacral sprain/strain, depressive disorder and nicotine dependence in early remission. Follow-up visits are warranted to monitor patient's progress and make any necessary modifications to the treatment plan. Utilization review from July 18, 2014 has certified return to clinic in 4-6 weeks x1. Therefore, the request for 1 VISIT- RETURN TO CLINIC IN 4-6 WEEKS is not medically necessary.