

<b>Case Number:</b>	CM14-0093818		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Physical Medicine and Rehabilitation 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:

This is a male patient with a date of the injury of June 6, 2003. The utilization review determination dated June 6, 2014 recommends non-certification of office visits with modification to one visit, urine drug screen with modification to one drug screen, and alcohol testing with modification to one alcohol test. A progress note dated April 15, 2014 identifies subjective complaints of pain over the entire body, pain level of 7 (least) and 9 (greatest), pain characterized as sharp, dull, throbbing come burning, aching, electricity, and pins and needles, the pain is constant and intermittent, the pain is increased with movement and with pressure, and his pain is decreased by medications and being still. Physical examination identifies tenderness to palpation of the cervical spine with decreased range of motion, and a steady gait. The diagnoses include cervical failed back surgery syndrome s/p anterior cervical discectomy and fusion at C5 and C7, complex regional pain syndrome of the right upper extremity, intractable migraines, chronic pain syndrome, depression, and insomnia. The treatment plan recommends a refill of Effexor XR 75mg #90, a refill of Gralise 600mg #90, a refill of ibuprofen 800 mg #90, refill of Nuvigil 150 mg #30, refill of Fentanyl 50mcg/hr #15, refill of methadone 10 mg #120, a review of a patient activity report from the Department of Justice website was consistent, the patient was instructed to continue with walking program, obtain a urine drug screen, and the patient is to return to clinic in one month. A urine drug screen done on March 17, 2014 was consistent for methadone and Fentanyl.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office Visits:** Upheld

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

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

**Decision rationale:** Regarding the request for office visits, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring...The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate for routine reevaluation, the need for 10 monthly office visits, as per the request, cannot be predicted with a high degree of certainty. In light of the above issues, the currently requested office visits are not medically necessary.

**Urine drug screening:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

**Decision rationale:** Regarding the request for a urine drug screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider notes that the patient is taking pain medication, but there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. As such, the currently requested urine drug screen is not medically necessary.

