

<b>Case Number:</b>	CM15-0001873		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 40-year-old male, who sustained an industrial injury on 01/17/2014. He has reported mid-back pain, neck pain, and low back pain. The diagnoses have included lumbar sprain/strain, cervical sprain/strain, chronic anxiety, and chronic depression, back pain, neck pain, cervical disc protrusion, cervical muscle spasm, and thoracic sprain/strain. Treatment to date has included extracorporeal shockwave therapy procedures, physical therapy, acupuncture therapy, and pain medications. The medical records provided for review indicates that pain medications were ordered, but do not confirm which pain medications were actually taken by the injured worker. Currently, the injured worker complains of intermittent moderate dull neck pain, stiffness and heaviness, rated 6 out of 10. The pain is improved with medications. The injured worker also complained of frequent moderate dull, sharp upper/mid-back pain and stiffness, associated with movement, and constant sharp low back pain and stiffness, rated 7 out of 10. The objective findings include tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles; muscle spasms of the bilateral trapezii and cervical paravertebral muscles; tenderness to palpation of the thoracic paravertebral muscles; and tenderness to palpation of the lumbar paravertebral muscles. The treating physician requested toxicology testing once every six weeks for the cervical spine, thoracic spine, and lumbar spine. On 12/08/2014, Utilization Review (UR) non-certified the request for toxicology testing once every six (6) weeks, noting that there was no documentation of abnormal results from a previous test and no documentation of the use of illicit drugs. The MTUS Guidelines were cited.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Toxicology testing 1x every six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed documentation indicated the worker was experiencing depression with anxiety and pain and stiffness in the neck and mid-, upper, and lower back. These records did not indicate the worker was taking any restricted medications or that this type of treatment was being considered. Further, the request is for indefinite testing, which does not take into account changes in the worker's care needs or changes in medical technology and discovery. For these reasons, the current request for toxicology testing every six weeks indefinitely is not medically necessary.