

<b>Case Number:</b>	CM15-0018006		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 42 year old female, who sustained an industrial injury on August 22, 2012. The diagnoses have included unspecified backache, congenital fusion of spine, lumbosacral spondylosis without myelopathy, opioid type dependence unspecified and other symptoms referable to back. Treatment to date has included medications for pain. Currently, the injured worker complains of back pain that is described as throbbing and constant with pain that radiates to bilateral lower extremities. Pain is worse with activity and better with rest and medications. In a progress note dated August 20, 2014, the treating provider reports reflexes in the patellae are absent bilaterally the lumbar spine reveals pain with palpation in the lumbar facet on both sides at L1-S1. The patient sustained the injury when he was transferring 400 pound patient. Patient has received an unspecified number of PT visits for this injury. The patient had received lumbar ESI for this injury. The medication list includes Tramadol, Neurontin, Meloxicam, Soma, Vicodin, Omeprazole, Orphenadrine and Norco. He has had a urine drug toxicology report on 12/17/14 and 12/30/14 that detected no substances. Per the doctor's note dated 8/29/14 patient had complaints of low back pain that radiates in right LE with tingling and numbness. Physical examination of the lumbar region revealed slow gait, muscle guarding, tenderness on palpation, normal strength, sensation, and reflexes and negative SLR. The patient has used a TENS unit and brace and back support for this injury. He has had MRI of the lumbar spine on 12/13/2012 that revealed facet arthrosis and normal EMG study of the bilateral LE. As per records provided the patient had completed detoxification program and is not taking

narcotics. She has had a urine drug toxicology report on 1/13/15 that was positive for positive for Norfentanyl and was inconsistent for it and on 12/22/14 that detected no substances.

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

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

**Retro-Lab Work (DOS: 12/22/2014 & 01/02/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-98; 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing -Routine Suggested Monitoring: page 70 NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Pain (updated 03/18/15) Urine drug testing (UDT)

**Decision rationale:** Request: Retro-Lab Work (DOS: 12/22/2014 & 01/02/2015) Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. 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. Per the cited guidelines, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The details of the nature of the lab work requested were not specified in the records provided. According to the cited guidelines lab tests are recommended for 4 to 8 weeks after starting NSAIDs therapy. The duration of taking the NSAIDs in this patient was not specified in the records provided. Any evidence of chronic disease, such as diabetes mellitus or hypertension was not specified in the records provided. Details of previous lab tests done since the date of injury was not specified in the records provided. He has had a urine drug toxicology report on 12/17/14 and 12/30/14 that detected no substances. As per records provided the patient had completed a detoxification program and is not taking narcotics. The medical necessity of the request for Retro-Lab Work (DOS: 12/22/2014 & 01/02/2015) is not fully established in this patient.