

<b>Case Number:</b>	CM15-0117158		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	07/27/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 7/27/14. He reported initial complaints of left Achilles tendon pain; low back and neck. The injured worker was diagnosed as having cervical spine sprain/strain; bilateral elbow medial epicondylitis; bilateral hand/wrist weakness; lumbar spine pain with left-sided radiculopathy. Treatment to date has included medications. Diagnostics included MRI left ankle (11/7/14); x-ray skull (11/7/14); x-ray right femur (11/7/14); x-ray left foot (8/29/14). Currently, the PR-2 notes dated 4/29/15 indicated the injured worker is in the office on this date with multiple concerns. His last refill for Norco was January 2015 and he is interested in another prescription as he uses it periodically. On physical examination, he continues to have pain around the left ankle and heel with some right knee pain with popping and catching. He is limping. He also has left side radicular pain from the lumbar spine. He has been diagnosed with cervical sprain/strain and there is no evidence of radiculopathy noted on this day. The provider notes some trapezial spasm regarding the cervical spine but no shoulder pathology. He has bilateral elbow medial epicondylitis from pulling and pushing is noted improved with some numbness and tingling going down to the fingers. He has bilateral hand/wrist weakness most likely due to the medial epicondylitis. His lumbar spine pain with left-sided radiculopathy is noted and the provider notes to rule-out a disc herniation causing the radiculopathy. His left heel pain over the Achilles tendon notes no partial tear evidence but has failed three months of conservative treatment. The provider documents that a MRI indicates an area of heterotrophic ossification of the distal attachment of the anterior talofibular ligament

consistent with an old injury. His right knee popping, swelling and catching is due to his altered gait. The provider's treatment plan includes refilling the Norco since it has been three months since his last and he is requesting authorization of a urine toxicology quantitative and confirmatory testing.

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

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

**Urine toxicology quantitative and confirmatory testing:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** The claimant sustained a work injury in July 2014 and continues to be treated for low back, knee, and ankle pain. When seen, Norco had been refilled and January and he was requesting another prescription. Has was having left ankle and heel pain with right knee pain, copying, and catching. He was noted to be limping. He was having left-sided radicular pain. Urine drug screening on an industrial basis in July 2014 had been positive for THC. No interim urine drug screening test result is documented. In this case, the claimant would be considered at a moderate risk for abuse of opioid medication. Guidelines recommend that patients at moderate risk be tested 2 to 3 times a year. The testing requested was consistent with guideline recommendations. Prior testing was limited to screening for drugs of abuse rather than for assessing consistency with prescribed medications, the request was medically necessary.