

<b>Case Number:</b>	CM15-0128265		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/18/2005
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 50-year-old male who sustained an industrial injury on 4/18/05. Past surgical history was positive for left total knee replacement. He had been diagnosed with left peroneal neuralgia from total knee replacement and rule-out reflex sympathetic dystrophy. Records documented that the injured worker was under psychological care for major depression with on-going treatment noted from 8/19/14 through at least 4/30/15. A request for urine toxicology screening was noted on 4/2/15 with no documentation of results. The 6/8/15 pain management report cited grade 4/10 left knee pain without significant change. Physical exam documented antalgic gait with diminished weight bearing on the left lower extremity, limping, and using a cane. There was moderate left lower extremity tenderness, 5/5 lower extremity motor strength, normal muscle tone, decreased left lower extremity sensation, and normal deep tendon and superficial reflexes. The diagnosis included causalgia of the lower limb, other mononeuritis of the lower limb, chronic pain syndrome, adjustment disorder, and acquired spondylolisthesis. The treatment plan recommended urine toxicology screen, continued home exercise and physical therapy, and no change in medications (Androgel, Wellbutrin, Viagra, Butrans patches, and Lyrica). Psychological treatment was reported as on-going with stress management, biofeedback, relaxation, counseling, and pain management techniques. Authorization was requested for a spinal cord stimulator trial and urine toxicology screening. The 6/17/15 utilization review non-certified the request for a spinal cord stimulator trial as the injured worker had been diagnosed with causalgia of the lower limb with no detailed evidence that less invasive procedures had failed, and no documentation that a psychological evaluation

for spinal cord stimulator had been completed. The 6/11/15 request for urine toxicology screening was non-certified as the injured worker had undergone screening in April 2015 with no record of the results or documentation of aberrant behavior, medication misuse/abuse, or any other documentation that the claimant was at anything other than minimal risk for medication misuse.

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

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

#### **Spinal cord stimulator trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, spinal cord stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Page(s): 105-107.

**Decision rationale:** The California MTUS recommend the use of spinal cord stimulator only for selected patients in cases when less invasive procedures have failed or are contraindicated. Indications included failed back syndrome, defined as persistent pain in patients who have undergone at least one previous back surgery, and complex regional pain syndrome. Consideration of permanent implantation requires a successful temporary trial, preceded by psychological clearance. Guideline criteria have not been met. This injured worker presents status post left total knee replacement with peroneal neuralgia. There is limited overall documentation of established complex regional pain syndrome (CRPS) type 1, and/or clinical exam findings consistent with CRPS. Although the injured worker is under active psychological treatment, there is no documentation in the records that he has been specifically evaluated for a spinal cord stimulator trial. Additionally, there is no clear pain or functional assessment with detailed evidence that less invasive procedures have failed or are contraindicated. Therefore, this request is not medically necessary at this time.

#### **Urine toxicology screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80.

**Decision rationale:** The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. Random testing no more than twice a year is recommended for patients considered at low risk for adverse events or drug misuse. Those patients at intermediate risk are recommended to have random testing 3 to 4 times a year. Patients at high risk for

adverse events/misuse may at a frequency of every other and even every visit. Guideline criteria have not been met. This injured worker presents on chronic opioid therapy with no documentation of any issues of abuse, addiction, or aberrant behavior. Medication compliance issues are not documented. Records indicate that urine drug testing was requested on 4/2/15 with no documentation of findings. There is no compelling rationale presented to support the medical necessity of repeat urine drug testing at this time as the injured worker appears to be a low risk for adverse events or drug misuse. Therefore, this request is not medically necessary.