

<b>Case Number:</b>	CM15-0027784		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/16/2005
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 50 year old female, who sustained an industrial injury on October 16, 2005. The diagnoses have included left shoulder sprain status post arthroscopy times two, cervical sprain with left upper extremity radiculopathy and abdominal strains with multiple hernias. Treatment to date has included oral pain medications and muscle relaxants. Currently, the injured worker complains of abdominal pain, left shoulder and cervical pain. In a progress note dated October 20, 2014, the treating provider reports she has tenderness about the upper back, neck, tender over the low back, cervical rotation there is discomfort, as well as the shoulder and abdomen shows slight tenderness and prominence at her hernia sites. On January 5, 2015 Utilization Review non-certified of abdominal binder/lumbar support, promethazine injection 25mg with 0.5ml of lidocaine, and five panel urine drug screen, noting, Official Disability Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abdominal binder/lumbar support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hernia.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic(Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested Abdominal binder/lumbar support, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has abdominal pain, left shoulder and cervical pain. In a progress note dated October 20, 2014, the treating provider reports she has tenderness about the upper back, neck, tender over the low back, cervical rotation there is discomfort, as well as the shoulder and abdomen shows slight tenderness and prominence at her hernia sites. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Abdominal binder/lumbar support is not medically necessary.

**Promethazine injection, 25mg with 0.5ml Lidocaine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682284.html>.

**Decision rationale:** The requested Promethazine injection, 25mg with 0.5ml Lidocaine, is not medically necessary. <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682284.html> recommends this medication for intractable nausea and vomiting. The injured worker has abdominal pain, left shoulder and cervical pain. In a progress note dated October 20, 2014, the treating provider reports she has tenderness about the upper back, neck, tender over the low back, cervical rotation there is discomfort, as well as the shoulder and abdomen shows slight tenderness and prominence at her hernia sites. The treating physician has not documented nausea, vomiting nor functional improvement from its use. The criteria noted above not having been met, Promethazine injection, 25mg with 0.5ml Lidocaine is not medically necessary.

**5 Panel urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, "Drug testing" Page(s): 43.

**Decision rationale:** The requested 5 Panel urine drug screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommends drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has abdominal pain, left shoulder and cervical pain. In a progress note dated October 20, 2014, the treating provider reports she has tenderness about the upper back, neck, tender over the low back, cervical rotation there is discomfort, as well as the shoulder and abdomen shows slight tenderness and prominence at her hernia sites. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, 5 Panel urine drug screen is not medically necessary.