

<b>Case Number:</b>	CM15-0078904		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/24/2003
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 12/24/2003. The injured worker is currently diagnosed as having lumbago, facet arthropathy, sacroiliitis, thoracic or lumbosacral radiculopathy, myalgia, failed lumbar back surgery syndrome, muscle spasms, lumbar degenerative disc disease, chronic pain syndrome, lumbar herniated nucleus pulposus, and sciatica. Treatment date has included radiofrequency ablation, knee surgery, back surgery, sacroiliac joint injections, and medications. In a progress note dated 01/21/2015, the injured worker presented with complaints of back pain. The treating physician reported requesting authorization for an alcohol screen and laboratory evaluations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient EIA with alcohol+RFLX urine (alcohol screen): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGPain (Chronic)Urine drug testing (UDT).

**Decision rationale:** The injured worker sustained a work related injury on 12/24/2003. The medical records provided indicate the diagnosis of lumbago, facet arthropathy, sacroiliitis, thoracic or lumbosacral radiculopathy, myalgia, failed lumbar back surgery syndrome, muscle spasms, lumbar degenerative disc disease, chronic pain syndrome, lumbar herniated nucleus pulposus, and sciatica. Treatment and diagnostics to date has included radiofrequency ablation, knee surgery, back surgery, sacroiliac joint injections, and medications. The medical records provided for review do not indicate a medical necessity for: Outpatient EIA with alcohol+RFLX urine (alcohol screen). The medical records indicate the injured worker was being treated with Norco, both is currently on treatment with Codeine (Opioid controlled substances). The injured worker had urine drug screen in 02/2014 and 09/2014( the result was not specified). The MTUS recommends urine drug testing as an option to assess for the use or the presence of illegal drugs. The MTUS does not specify how often an individual should be tested, but the Official Disability Guidelines recommends that patients at "low risk" of addiction/aberrant behavior be tested within six months of initiation of therapy and on a yearly basis thereafter. Therefore, since the medical records states the injured worker has no psychiatric problems, and there is no documentation of addition, aberrant behavior, the current request for urine drug screen is too soon. Therefore the request is not medically necessary.

**Urinalysis complete:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The injured worker sustained a work related injury on 12/24/2003. The medical records provided indicate the diagnosis of lumbago, facet arthropathy, sacroiliitis, thoracic or lumbosacral radiculopathy, myalgia, failed lumbar back surgery syndrome, muscle spasms, lumbar degenerative disc disease, chronic pain syndrome, lumbar herniated nucleus pulposus, and sciatica. Treatment and diagnostics to date has included radiofrequency ablation, knee surgery, back surgery, sacroiliac joint injections, and medications. The medical records provided for review do indicate a medical necessity for: Urinalysis complete. The medical records indicate the injured worker is on treatment with nabumetone (an NSAID); the injured worker had urinalysis in 03/2014 and 09/2014. The MTUS recommends individuals on NSAIDs be monitored for kidney function. The recommendation states as follows, (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. Therefore the request is medically necessary.

**Thyroid stimulating hormone:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National library of medicine: TSH test.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 12/24/2003. The medical records provided indicate the diagnosis of lumbago, facet arthropathy, sacroiliitis, thoracic or lumbosacral radiculopathy, myalgia, failed lumbar back surgery syndrome, muscle spasms, lumbar degenerative disc disease, chronic pain syndrome, lumbar herniated nucleus pulposus, and sciatica. Treatment and diagnostics to date has included radiofrequency ablation, knee surgery, back surgery, sacroiliac joint injections, and medications. The medical records provided for review do not indicate a medical necessity for Thyroid stimulating hormone. The medical records indicate the injured worker had this test in 03/2014 and 09/2014; the medical records provided no diagnosis of thyroid disorder or findings suggestive of thyroid disorder. The MTUS recommends that the management of the occupational medicine be done in the context of the information from thorough history, examination, and diagnosis. Therefore the request is not medically necessary.

**Codeine serum:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National library of medicine: codeine.

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

**Decision rationale:** The injured worker sustained a work related injury on 12/24/2003. The medical records provided indicate the diagnosis of lumbago, facet arthropathy, sacroiliitis, thoracic or lumbosacral radiculopathy, myalgia, failed lumbar back surgery syndrome, muscle spasms, lumbar degenerative disc disease, chronic pain syndrome, lumbar herniated nucleus pulposus, and sciatica. Treatment and diagnostics to date has included radiofrequency ablation, knee surgery, back surgery, sacroiliac joint injections, and medications. The medical records provided for review do not indicate a medical necessity for Codeine serum. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The drug testing does not include serum blood levels. Therefore the request is not medically necessary.