

<b>Case Number:</b>	CM13-0022983		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old male with a 5/12/12 date of injury. At the time (8/16/13) of the request for authorization for toxicology screen and Norco 10/325mg #60, there is documentation of subjective (cervical pain radiating to right upper extremity and no change in pain condition) and objective (diffuse tenderness over cervical area more on right side, right hand weakness compared to left side, and decreased reflexes diffusely on right upper extremity) findings, current diagnoses (spondylosis cervical, stenosis cervical spinal, sprain/strain cervical area, and rule out cervical radiculopathy), and treatment to date (medications including Norco for at least 4 months and urine toxicology screen on a monthly basis). Regarding toxicology screen, there is no documentation that the patient is at high risk of adverse outcomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOXICOLOGY SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at low risk of addiction, 2 to 3 times a year for patients at moderate risk of addiction & misuse, and testing as often as once per month for patients at high risk of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of spondylosis cervical, stenosis cervical spinal, sprain/strain cervical area, and rule out cervical radiculopathy. In addition, there is documentation of on-going opioid therapy and urine drug screen being performed on a monthly basis. However, there is no documentation that the patient is at "high risk" of adverse outcomes. Therefore, based on guidelines and a review of the evidence, the request for toxicology screen is not medically necessary.

**NORCO 10/325MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of spondylosis cervical, stenosis cervical spinal, sprain/strain cervical area, and rule out cervical radiculopathy. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is documentation of functional benefit and an increase in activity tolerance. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 is medically necessary.