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| <b>Case Number:</b>   | CM13-0041239 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 07/15/2009 |
| <b>Decision Date:</b> | 02/04/2014   | <b>UR Denial Date:</b>       | 10/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/11/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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:

This patient is a 57 year old male, date of injury 07-15-2009. Mechanism of injury was documented in a report 07-02-12 by [REDACTED] - patient fell off the trailer of a truck and landed on his right upper extremity. Primary treating physician report 06-18-13 by [REDACTED] documented medications - Anaprox, Prilosec, Zanaflex, Norco, and Tramadol. Utilization review by [REDACTED] authorized prescriptions that were requested on 06-18-13, which were Norco 5/325 #45, Tramadol 50 mg #90, Anaprox 550 mg #60, Zanaflex 4 mg #45. [REDACTED] review, dated 07-26-13, also certified CBC, Chem 8, Hepatic panel. Primary treating physician report 07-30-13 by [REDACTED] documented subjective complaints involving his right upper extremity, psychiatric issues, and headaches. "Regarding pain medications, he does have benefit with that and he does state that he has enough medicine at this time. He states that he does not need refills. He is taking Norco 5/325, Tramadol 50 mg, Zantac, Anaprox, and Prilosec and has adequate benefit from all those." Objective findings included decreased strength of right upper extremity, popping and crackling of the shoulder joint, well preserved range of motion, depression in fair control. Diagnoses included pain in bilateral shoulders, depression, arthrosis of right elbow, recurrent headaches. Treatment plan included continuation of medications and left shoulder x-ray. Primary treating physician report 09-10-13 by [REDACTED] documented subjective complaints involving his right upper extremity, depression, left upper extremity. "He is still taking his pain medications." Objective findings were "There is no significant change in his physical examination from his last visit." Diagnoses were pain in bilateral shoulders, depression, arthrosis of the right elbow, recurrent headaches. Treatment plan included urine drug screen, lab work, CMP, CBC, TTD, Omeprazole 20 mg #60. Urine drug screen 06-18-13 result

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Point of care urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg. 33

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Criteria for Use of Opioids, On-Going Management Page(. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT), Indications for UDT, Ongoing monitoring

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 78) Criteria for Use of Opioids, On-Going Management, and Actions Should Include: "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." Patient was authorized Norco 5/325 quantity #45 for the clinic visit 06-18-13 with the primary treating physician [REDACTED]. At the follow-up visits on 07-30-13 and 09-10-13 with [REDACTED], patient did not get refills of Norco, and the patient's pain was stable. No other controlled substances were documented in the medical records. Forty-five tablets of Norco over the three month period is on average 1/2 tablet of Norco daily, a low consumption rate. Urine drug screen 06-18-13 results were: Hydrocodone Not Detected. No controlled substances were detected. There is no evidence of issues of abuse, addiction, or poor pain control. Therefore, the request for point of care Urine Drug Screen is not medically necessary.

**Lab test for comprehensive metabolic panel and complete blood count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs; FDA Prescribing Information for Norco (Hydrocodone/Acetaminophen) in the section pertaining to Laboratory Tests

**Decision rationale:** Patient was authorized Norco 5/325 #45, Tramadol 50 mg #90, Anaprox 550 mg #60, Zanaflex 4 mg #45 for the clinic visit 06-18-13 with the primary treating physician [REDACTED]. At the follow-up visits on 07-30-13 and 09-10-13 with [REDACTED], patient did not get refills of Norco, Tramadol, Anaprox, and the patient's pain was stable. Over the three month period, the patient's average medication consumption rate was Norco 1/2 tablet daily, Tramadol 1 tablet daily, Anaprox 2/3 tablet daily. On average, the patient consumed less than one pill per day of each of the medications - a relatively low consumption rate. Utilization

review by [REDACTED] certified laboratory tests CBC, Chem 8, Hepatic panel requested by [REDACTED] on 06-18-13. The results of the laboratory tests from 06-18-13 were not available. At the follow-up visits on 07-30-13 and 09-10-13 with [REDACTED], the medical records did not document laboratory abnormalities. Laboratory test 02-11-13 results were normal: Sodium 141.7, Potassium 4.3, Creatinine 1.0, Glucose 96, ALT 40, AST 22, WBC 6.5, Hgb 16.7, and Plt 151. Laboratory test 09-10-13 results were normal: Sodium 140, Potassium 4.2, Creatinine 1.2, Glucose 127, ALT 29, AST 29, WBC 7.8, Hgb 16.9, and Plt 150. MTUS and ODG guidelines discuss periodic lab monitoring for NSAIDs - but not for Norco and Tramadol. FDA Prescribing Information for Norco recommends lab monitoring for patients with severe hepatic or renal disease. Patient had a low medication consumption rate. There is no evidence of abnormal kidney or liver function. The medical records do not support the need for additional lab monitoring. Therefore, the request for point of care Urine Drug Screen is not medically necessary.