

<b>Case Number:</b>	CM13-0062859		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	02/10/2002
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Family Medicine, and is licensed to practice in New Jersey. 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:

The worker is a 48 year old male who was injured on 2/10/02. He was diagnosed with internal derangement of the left knee, discogenic lumbar disease with facet inflammation and neuropathy, and cervical discogenic disease, depression, and hypertension. He was treated with oral medications including opioids, muscle relaxants, neruontin, Ambien, and topical agents to help his pain. The worker complained to his orthopedic doctor on 9/26/13 of low back pain with radiation to bilateral legs, SI joint pain, and left knee pain. He also complained of pain in his right hand, neck, and right shoulder as well as burning in his feet. He reported doing minimal exercising, and uses his back brace, TENS unit, knee brace and oral medications. Physical examination revealed high blood pressure (140/94) and decreased range of motion of his lower extremities and lower back. He had been given hydrochlorothiazide for his high blood pressure prior to this visit, for his high blood pressure and was still awaiting an internal medicine consult for this. He was then recommended he see a pain specialist and an order for a urine drug screen and routine lab work (including liver and kidney function tests) was submitted to evaluate his medication's effects on electrolytes, as well as the kidneys and liver. He had already been approved for routine blood work for which the worker had received the prescription by 9/23/13, but had not done yet, according to the notes provided. He was recommended he continue his medications including hydrochlorothiazide, atenolol, Soma, Cialis, Neurontin, Ambien, Vicodin, OxyContin, Terocin patches, and LidoPro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **URINALYSIS DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 78, 86.

**Decision rationale:** The MTUS Chronic Pain Guidelines do, however, state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, although he had been using opioids prior to the request, there was no evidence of unusual behavior or history to suggest a urine drug screen was warranted. Therefore, the urine drug screen is not medically necessary.

## **1 ROUTINE LAB WORK:** 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 Acetaminophen Page(s): 11-12.

**Decision rationale:** The MTUS Guidelines state list the side effects of using acetaminophen, which include liver damage, and may induce elevations of liver enzymes in some individuals, especially in those taking high doses. The worker in this case was taking Vicodin, which has acetaminophen. He was also given hydrochlorothiazide, which warrants testing of electrolytes and kidney function following initiation of medication. The worker's physician ordered these tests appropriately. However, since these tests were already approved, there is no need to submit another request, and therefore the routine testing is not medically necessary.