

<b>Case Number:</b>	CM13-0069246		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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:

The patient is an employee of [REDACTED] and has submitted a claim for left elbow tendonitis, contusion at both knees, left knee medial meniscus tear, lumbar sprain, right hip labral tear, and left houlder rotator cuff tear associated with an industrial injury date of 03/04/2010. Treatment to date has included left shoulder arthroscopy rotator cuff repair subacromial decompression and biceps tendon repair on 01/06/2011, left trigger thumb release on 08/17/2011; subacromial decompression and partial acrominoplasty on 01/06/2012, left knee arthroscopy with partial medial meniscectomy on 10/17/2012, chiropractic care, physical therapy, and medications such as Anaprox, Prilosec, Neurontin, Norco, Valium, Terocin patch, and ketoprofen cream. Medical records from 2011 to 2013 were reviewed showing that patient complained of pain at the neck, left shoulder, left elbow, left wrist, right hip, and bilateral knees. There was shooting pain down the right leg at the lateral side. This resulted to difficulty sitting on the right hip, and sleeping on the right side. Patient was unable to climb stairs due to knee pain. Physical examination showed tenderness at the left side of neck, left sternocleidomastoid, right trochanteric bursa, right trapezius, right medial knee, right hip, sacroiliac joint, dorsal left wrist ligament, left knee, and L3-L5 paraspinous muscles. There was swelling of the left elbow and left wrist. Right knee was stable but swollen. Range of motion of left wrist, elbow and bilateral knees was normal; however, left shoulder was limited towards 100 degrees of abduction, and 110 degrees of flexion. Lumbar spine range of motion was likewise restricted towards flexion at 45 degrees, extension at 5 degrees, lateral bending at 10 degrees on both sides, and rotation at 15 degrees bilaterally. Motor strength was 5/5 at bilateral lower extremities. Positive click was noted at the left knee upon walking, but negative for McMURPHY'S test. Patient ambulated with a single-point cane. Sensation was decreased at C5-C6 dermatomes, left. Utilization review from 12/20/2013 denied the requests for amphetamine or methamphetamine,

barbiturates, benzodiazepines, quantitation of drug, column chromatography/mass spectrometry, molecular, cocaine or metabolite, methadone, opiate(s), drug and metabolites, drug confirmation, and chromatography, quantitative, column because there was no indication for these requests based on the records submitted. Likewise, there was no documented risk of abuse or misuse; and the reasoning behind the frequency of the testing was not discussed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **AMPHETAMINE OR METHAMPHETAMINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Use of Opioids Chapter, Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain.

**Decision rationale:** As stated in CA MTUS ACOEM Guidelines for the Chronic Use of Opioids, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. Screening should also be performed "for cause", i.e. with provider suspicion of substance misuse. In this case, the patient has been on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. There is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. The guideline criteria have not been met. Therefore, the request for amphetamine or methamphetamine is not medically necessary.

#### **BARBITURATES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Use of Opioids Chapter, Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain.

**Decision rationale:** As stated in CA MTUS ACOEM Guidelines for the Chronic Use of Opioids, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. Screening should also be performed "for cause", i.e. with provider suspicion of substance misuse. In this case, the patient has been

on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. There is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. The guideline criteria have not been met. Therefore, the request for barbiturates is not medically necessary.

**BENZODIAZEPINES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Use of Opioids Chapter, Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain.

**Decision rationale:** As stated in CA MTUS ACOEM Guidelines for the Chronic Use of Opioids, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. Screening should also be performed "for cause", i.e. with provider suspicion of substance misuse. In this case, the patient has been on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. There is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. The guideline criteria have not been met. Therefore, the request for benzodiazepines is not medically necessary.

**QUANTITATION OF DRUG QTY: 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Testing.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient has been on chronic opioid use as

early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. However, there is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. Furthermore, there is no discussion as to why the quantity of the present request exceeds the guideline recommendation since it should only be used as confirmatory testing. The guideline criteria have not been met. Therefore, the request for quantitation of drug, Qty: 5 is not medically necessary.

**COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY QTY: 5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Testing.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient has been on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. However, there is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. Furthermore, there is no discussion as to why the quantity of the present request exceeds the guideline recommendation since it should only be used as confirmatory testing. The guideline criteria have not been met. Therefore, the request for column chromatography / mass spectrometry, Qty: 5 is not medically necessary.

**MOLECULAR: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Testing.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient has been on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. However, there is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. The guideline criteria have not been met. Therefore, the request for molecular is not medically necessary.

**COCAINE OR METABOLITE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Use of Opioids Chapter, Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain.

**Decision rationale:** As stated in CA MTUS ACOEM Guidelines for the Chronic Use of Opioids, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. Screening should also be performed "for cause", i.e. with provider suspicion of substance misuse. In this case, the patient has been on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. There is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. The guideline criteria have not been met. Therefore, the request for cocaine or metabolite is not medically necessary.

**COLUMN CHROMATOGRAPHY/MASS SPECTOMETRY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Testing.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient has been on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. However, there is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. The guideline criteria have not been met. Therefore, the request for column chromatography / mass spectrometry is not medically necessary.

**METHADONE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77;. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Use of Opioids Chapter, Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain.

**Decision rationale:** As stated in CA MTUS ACOEM Guidelines for the Chronic Use of Opioids, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. Screening should also be performed "for cause", i.e. with provider suspicion of substance misuse. In this case, the patient has been on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. There is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. The guideline criteria have not been met. Therefore, the request for methadone is not medically necessary.

**OPIATES, DRUG AND METABOLITES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77;. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Use of Opioids Chapter, Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain.

**Decision rationale:** As stated in CA MTUS ACOEM Guidelines for the Chronic Use of Opioids, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. Screening should also be performed "for cause", i.e. with provider suspicion of substance misuse. In this case, the patient has been on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. There is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. The guideline criteria have not been met. Therefore, the request for opiates, drug, and metabolites is not medically necessary.

**DRUG CONFIRMATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Testing.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient has been on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. However, there is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. The guideline criteria have not been met. Therefore, the request for drug confirmation is not medically necessary.

**CHROMATOGRAPHY, QUANTITATIVE, COLUMN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) 2009, 7/18/2009 Page(s): 23, 64, 70, 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 01/20/12.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Urine Drug Testing.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient has been on chronic opioid use as early as 2011. The rationale given for this request was to monitor narcotics use, avoid diversion, and to identify substance abuse. However, there is no discussion of the patient having a high risk for aberrant drug use behavior as the previous drug screens have been consistent with medication use as stated in a report dated 08/16/2013. The guideline criteria have not been met. Therefore, the request for chromatography, quantitative, column is not medically necessary.