

<b>Case Number:</b>	CM14-0130023		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/14/1996
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 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 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 injured worker is a 63-year-old female who reported an injury on 12/14/1996. The mechanism of injury was cumulative trauma. The injured worker's prior treatment history included MRI studies, epidural steroid injections, EMG studies, medications, selective nerve root blocks, and physical therapy. The injured worker medications included opioids as of at least 2009. The injured worker was being monitored for aberrant drug behavior through urine drug screens. The documentation of 06/26/2014 revealed the injured worker had reported increased radicular pain down the right lower extremity with no numbness, but had weakness. The injured worker indicated that her pain was reduced from 10/10 to 5/10 with the medications. The injured worker had functional gains in activities of daily living, mobility, and restorative sleep, contributing to quality of life. The injured worker was noted to have no side effects from the medication. The injured worker's motor strength was noted to be decreased in right knee extension, quadriceps, and plantarflexion gastrocnemius. The injured worker had no tenderness upon palpation. The injured worker had a urine drug screen on 06/26/2014 that was positive for opioid usage. Diagnoses included cervical spondylosis without myelopathy, displacement of cervical intervertebral disc and lumbar intervertebral disc without myelopathy, lumbar postlaminectomy syndrome, neck pain, fibromyalgia syndrome, spondylolisthesis, brachial neuritis, and disorder of trunk. The Request for Authorization dated 06/17/2014 was for a drug screen and hydrocodone/APAP 7.5/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Opioids, Substance Abuse. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

**Decision rationale:** The requested urine drug screen is not medically necessary. The California Medical Treatment Utilization Schedule recommends urine drug screens for patients who are at risk for aberrant behavior and are taking opioids for chronic pain. The clinical documentation submitted for review does indicate that the injured worker is taking opioids to assist with chronic pain management. However, the clinical documentation submitted for review indicates that the injured worker was submitted to a urine drug screen on 06/26/2014. The clinical documentation fails to provide any evidence of aberrant behavior since that urine drug screen to support an additional urine drug screen. The Official Disability Guidelines recommend testing on a yearly basis for injured workers who are at low risk for aberrant behavior. As such, the requested urine drug screen is not medically necessary or appropriate.

**Hydrocodone/APAP 7.5/325mg, #53:** Upheld

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

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

**Decision rationale:** The request for Hydrocodone/APAP 7.5/325mg #53 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. In addition, the request does not include the frequency or duration of the medication. In addition, there lack of evidence of outcome measurements of conservative care such as physical therapy or home exercise regimen outcome improvements noted for the injured worker. The request submitted failed to indicate frequency and duration of the medication. As such, the request is not medically necessary.