

<b>Case Number:</b>	CM14-0158969		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	01/22/2003
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 with a date of injury of January 22, 2003. The patient's industrially related diagnoses include neck pain, chronic pain syndrome, degenerative disc disease of cervical spine, cervical spondylosis with myelopathy, depression, pain in thoracic spine, and adjustment disorder. The injured worker is prescribed OxyContin 20mg #90 and Opana 10mg #60 for her pain symptoms. The disputed issues are Oxycodone and Metabolite serum, Oxymorphone-free (unconjugated) and EIA9 with alcohol and RFLX urine. A utilization review determination on 9/23/2014 had non-certified these requests. The stated rationale for the denial of the serum testing was, "The official Disability Guidelines state that low risk patients should be tested within six months of opioid initiation and yearly thereafter. Confirmatory testing is only required when point-of-contact immunoassay test produced unexpected results and only for the drugs in question. The California MTUS, Official Disability Guidelines, and a search via National Guidelines Clearinghouse did not reveal any discussions regarding serum testing for opioid medications."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone and metabolite serum:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, Laboratory Tests for Hypertension Diagnosis and Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 76-79, 99. Decision based on Non-MTUS Citation Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. However, both referenced guidelines are silent regarding serum drug testing and there are no other guidelines that require or suggest that serum opioid testing is useful or should be a standard of care. Within the documentation available for review, the healthcare provider documents that the injured worker is at low risk for aberrant behavior. The injured worker scored 1 on the Opiate Risk Tool (ORT) and the total score risk category identifies scores of 0-3 as low risk. A CURES report was done on 6/9/2014, a Urine Drug Screen was done on 4/8/2014 and a Medication Agreement was signed on 9/9/2013. The healthcare provider further documents that the injured worker continues to use her medications as prescribed. However the healthcare provider documents the injured worker has comorbid psychological pathology; specifically depression, suicidal thoughts, and adjustment disorder. Based on the documented risk stratification, the injured worker appears to be at moderate risk for aberrant drug-related behavior and the guidelines do recommend urine during testing. There is no statement indicating why this injured worker requires serum testing as opposed to the recommended urine drug testing. As such, the currently requested Oxycodone and Metabolite is not medically necessary.

**Oxymorphone-free (unconjugated):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, Laboratory Tests for Hypertension Diagnosis and Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 76-79, 99. Decision based on Non-MTUS Citation Chronic Pain, Urine Drug Testing

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. However, both referenced guidelines are silent regarding serum drug testing and there are no other guidelines that require or suggest that serum opioid testing is useful or should be a standard of care. Within the documentation available for review, the healthcare provider documents that the injured worker is at low risk for aberrant behavior. The injured worker scored 1 on the Opiate Risk Tool (ORT) and the total score risk

category identifies scores of 0-3 as low risk. A CURES report was done on 6/9/2014, a Urine Drug Screen was done on 4/8/2014 and a Medication Agreement was signed on 9/9/2013. The healthcare provider further documents that the injured worker continues to use her medications as prescribed. However the healthcare provider documents the injured worker has comorbid psychological pathology; specifically depression, suicidal thoughts, and adjustment disorder. Based on the documented risk stratification, the injured worker appears to be at moderate risk for aberrant drug-related behavior and the guidelines do recommend urine during testing. There is no statement indicating why this injured worker requires serum testing as opposed to the recommended urine drug testing. As such, the currently requested Oxymorphone-free (unconjugated) serum test is not medically necessary.

**EIA9 with alcohol and RFLX urine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, Laboratory Tests for Hypertension Diagnosis and Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 76-79, 99. Decision based on Non-MTUS Citation Chronic Pain Chapter; Urine Drug Testing

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. However, the guidelines state that there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the drugs in question only. Within the documentation available for review, the healthcare provider documents that the injured worker is at low risk for aberrant behavior. The injured worker scored 1 on the Opiate Risk Tool (ORT) and the total score risk category identifies scores of 0-3 as low risk. A CURES report was done on 6/9/2014, a Urine Drug Screen was done on 4/8/2014 and a Medication Agreement was signed on 9/9/2013. The healthcare provider further documents that the injured worker continues to use her medications as prescribed. However the healthcare provider documents the injured worker has comorbid psychological pathology; specifically depression, suicidal thoughts, and adjustment disorder. Based on the documented risk stratification, the injured worker appears to be at moderate risk for aberrant drug-related behavior. Based on the guidelines, the frequency of urine drug testing (UDT) for moderate risk patients is 2-3 times per year. Therefore it would be appropriate to perform a UDT. However, the guidelines only recommend confirmatory testing if there are unexpected results. Furthermore, there is no indication of risk of alcohol use to warrant testing. The request for EIA9 with alcohol and RFLX urine is a confirmatory test and there is no documentation of initial UDT. Unfortunately, the IMR cannot modify the request. Therefore the current request is not medically necessary.