

<b>Case Number:</b>	CM14-0030895		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/17/2001
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of November 17, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and anxiolytic medications. In Utilization Review Report dated February 7, 2014, the claims administrator apparently partially certified a request for laboratory testing as a CBC with differential and Chem-19 panel alone. The applicant's attorney apparently denies those components of the request which were denied. In a June 24, 2013 progress note, the applicant was described as using alprazolam, morphine, OxyContin and Motrin. The applicant carried diagnoses of low back pain, obesity, posttraumatic stress disorder, adjustment disorder, anxiety disorder, sacroiliitis, spondylolysis, and endometriosis, it was stated. On May 24, 2014, it was stated that the applicant was advised to continue tapering down opioids. On a January 29, 2014 progress note, the applicant stated that she was not interested in discontinuing opioids, including morphine. The applicant was apparently frustrated with several aspects of her care and was apparently unable to attend up either functional restoration program appointments or chiropractic manipulative therapy appointments. Laboratory testing was apparently sought on this date. It was incidentally noted in the review of systems section report that the applicant did complain of weight gain, fatigue, malaise, and night sweats. It appears, furthermore, that the attending provider performed a variety of non-standard laboratory tests, including quantitative serum testing for oxycodone, oxymorphone, and a variety of other opioid metabolites. The attending provider also apparently performed urine drug testing, which did include confirmatory testing for a variety of different medications, many of which were negative on the initial drug screen, including drugs such as amphetamines, barbiturates, cannabinoids, and

cocaine. The only drugs which came back positive on the drug screen were benzodiazepines and various opioid metabolites, all of which were consistent with prescribed medications. It was stated that the applicant denied any symptoms of dysuria, hematuria, or polyuria in the genitourinary review of system of the report. REFERRAL QUESTIONS: 1. No, the proposed complete urinalysis is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1, page 311 does recommend urinalysis in applicants in whom cancer and/or infection is suspected, in this case, however, there is no clearly voiced suspicion of cancer, infection, or other disease process for which complete urinalysis would have been indicated. It is further noted that the applicant explicitly denied symptoms of dysuria, polyuria, or hematuria which would make a case for the study in question. Therefore, the request was/is not medically necessary.

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

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

**Urinalysis (UA) complete:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-1, 311.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1, page 311 does recommend urinalysis in applicants in whom cancer and/or infection is suspected, in this case, however, there is no clearly voiced suspicion of cancer, infection, or other disease process for which complete urinalysis would have been indicated. It is further noted that the applicant explicitly denied symptoms of dysuria, polyuria, or hematuria which would make a case for the study in question. Therefore, the request of Urinalysis (UA) complete is not medically necessary.

**Thyroid stimulating hormone (TSH):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines page 2, Pain Mechanism section. Page(s): 2.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, an applicant's failure to improve from a mental health perspective may be due to an incorrect diagnosis or to unrecognized medical conditions. In this case, the applicant has symptoms of weight gain, fatigue, and malaise, in addition to ongoing symptoms of depression and anxiety. The applicant has seemingly failed to improve from either a medical or mental health perspective. As further noted on page 2 of the MTUS Chronic Pain Medical Treatment

Guidelines, neuropathic pain, as is purportedly present here, can result from endocrine issues such as hypothyroidism. Given the applicant's ongoing complaints of fatigue and malaise superimposed on ongoing depressive symptoms, testing for hypothyroidism is indicated. Therefore, the request for Thyroid stimulating hormone (TSH) is medically necessary.

**Alprazolam serum:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Diagnostics and Monitoring section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, drug testing mostly commonly measures drugs or their metabolites in urine or hair. ACOEM notes that urine is the most commonly assayed body substance. In this case, the attending provider did not furnish any compelling narrative, rationale, or commentary which would support usage of the non-standard serum drug testing, including the serum alprazolam testing apparently performed here. No rationale was attached to the request for testing, to the request for authorization, or to the application for independent medical review. Therefore, the request for Alprazolam serum is not medically necessary.

**Ibuprofen serum:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Diagnostics and Monitoring section.

**Decision rationale:** Again, the MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, drug testing most commonly involves a urine drug assay. In this case, the attending provider did not furnish any compelling rationale, narrative, or commentary which would support usage of the non-standard serum drug testing performed here. No rationale for the serum ibuprofen level in question was proffered. Therefore, the request for Ibuprofen serum was not medically necessary.

**Oxycodone serum:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Diagnostics and Monitoring section.

**Decision rationale:** Again, the MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, drug testing most commonly involves measuring drug assays or their metabolites in urine or hair. Of the two, urine is the most commonly assayed, ACOEM notes. In this case, as with the other serum drug test requests, the attending provider did not furnish any compelling applicant-specific rationale, narrative, or commentary which would support the non-standard serum oxycodone level/serum oxycodone test performed here. Therefore, the request for Oxycodone serum is not medically necessary.

**Enzyme Immunoassay (EIA):** 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 Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** The request in question represents a request for non-standard confirmatory drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, confirmatory testing is not recommended outside of the emergency department drug overdose context. The documentation, moreover, per ODG should make evident the reason that confirmatory testing was performed. In this case, the applicant had numerous negative screening tests, including negative marijuana and amphetamine screening testing. It was unclear why confirmatory testing was performed for drug panels which the applicant tested negative for on the initial screen. Therefore, the request for Enzyme Immunoassay (EIA) is likewise not medically necessary.

**Urine drug screen:** 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 Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify frequency with which to perform drug testing. As noted in the ODG chronic pain chapter, however, it is incumbent upon the attending provider to

state when the last time an applicant was tested, state which drug or drugs were being tested for, and/or attach an applicant's complete medication list to the request for testing. An attending provider should also make evident the reasons for performing confirmatory testing. In this case, however, the attending provider did not furnish any rationale for usage of non-standard confirmatory testing when the applicant previously tested negative for the bulk of the items on the initial drug screen. The attending provider did not, moreover, state when the last time the applicant was tested. Therefore, the request for Urine drug screen is not medically necessary.