

<b>Case Number:</b>	CM14-0049619		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/01/2000
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, mid back, and low back pain with posttraumatic headaches reportedly associated with an industrial injury of July 1, 2000. The applicant, it is incidentally noted, apparently filed a claim for multifocal body pain secondary to cumulative trauma at work. Thus far, the applicant has been treated with the following: Analgesic medications, opioid therapy and an earlier thoracic laminectomy surgery. In a July 1, 2000 progress report, the applicant reported an 8/10 multifocal neck pain, shoulder pain, and headaches. The applicant did report issues with medication-induced constipation. The applicant is using Percocet, Valium, and Motrin at that point in time. The applicant was placed off of work, on total temporary disability. On February 14, 2000, the applicant again presented reporting 8-9/10 neck pain, increased since the last visit. The applicant was apparently considering a spinal cord stimulator. The applicant was given refills of Percocet, Motrin, and Dulcolax, it was stated. The applicant's work status was not furnished, although did not appear that the applicant was working. On April 11, 2014, the applicant was placed off of work, on total temporary disability by her primary treating provider. Percocet was apparently endorsed as of that point in time. 9/10 shoulder and neck pain were reported. Urine drug testing of April 11, 2014 was apparently positive for Tylenol at 18 mg/ml. Multiple other nonstandard tests were performed, including testing for multiple different opioid, benzodiazepine, and barbiturate metabolites. It appears that confirmatory testing was performed, including Tylenol. The applicant did apparently undergo drug testing on February 14, 2014 and on March 14, 2014; it is incidentally noted, prior to having undergone drug testing on April 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Percocet 10/325 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability, several years removed from the date of injury. The applicant continues to report high levels of pain, in 8-9/10 range, despite ongoing opioid usage with Percocet. There have been no concrete or tangible improvements in function outlined as having been achieved with ongoing Percocet usage. Therefore, the request is not medically necessary.

**Motrin 800 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. MTUS 9792.20f. Page(s): 22 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that anti-inflammatory medications such as Motrin do represent the traditional first-line of treatment for various chronic pain conditions, including chronic neck and shoulder pain reportedly present here. This recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the fact that the applicant remains off of work, on total temporary disability, despite ongoing Motrin usage, and, moreover, continues to remain highly reliant on opioid therapy with Norco, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. Similarly, the applicant's apparent intent to pursue spinal cord stimulator also suggests that analgesia with oral pharmaceuticals, including Motrin, has proven unsatisfactory. For all the stated reasons, then, the request is not medically necessary.

**Dulcolax 100 mg # 100: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Section. Page(s): 77.

**Decision rationale:** As noted in page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioid therapy. In this case, the applicant is, in fact, using opioids such as Percocet on a chronic basis. The applicant has, moreover, reported active symptoms of constipation at various points in time. Continuing Dulcolax, a laxative, then, is indicated. Therefore, the request is medically necessary.

**Outpatient urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 43, Urine 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 a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should attach the applicant's complete medication list to the request for authorization for testing, clearly state when an applicant was last tested, state which drug test and/or drug panel he intends to test for, and attempt to conform to the best practice of the United States Department of Transportation when performing drug testing. Confirmatory and/or quantitative testing, per ODG, are generally not recommended without some specific rationale, outside of the emergency department drug overdose context. In this case, confirmatory and quantitative testing were performed, in the clinic setting, there is no evidence that the applicant had any kind of drug overdose. The attending provider did not provide any rationale for the drug test and/or drug panels selectively. The attending did not state when the applicant was last tested. The attending provider did not provide any rationale or justification for such frequent drug testing, including as frequently as February 14, 2014 and March 14, 2014. Therefore, the request was not medically necessary.