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| <b>Case Number:</b>   | CM14-0061576 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 05/08/2003 |
| <b>Decision Date:</b> | 10/31/2014   | <b>UR Denial Date:</b>       | 04/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/02/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 a 69-year-old female who has submitted a claim for headache, closed Colle's fracture, lumbar disc degeneration, lumbar disc displacement, lumbar sprain, chronic pain, and sciatica associated with an industrial injury date of 5/8/2003. Medical records from 10/11/2013 up to 5/23/2014 were reviewed showing continued mild low back pain that was primarily localized around the inferior musculature of the low back, 7/10 in severity. Her pain is more severe in the morning upon awakening. Physical examination showed antalgic gait, compromised toe and heel walk, significant tenderness over the paralumbar musculature, positive sciatic stretch bilaterally, and paraspinous muscle spasms. UDS taken on 2/7/2014 and 10/11/2013 were both inconsistent with prescribed medications. Tramadol and Hydrocodone were not detected. Treatment to date has included Naproxen, Norco, Tramadol, Vicodin, Glucosamine/Chondroitin, and TENS. Utilization review from 4/14/2014 denied the request for Retrospective Urine drug screen, approved the request for Retrospective Chromatography Qual, and modified the request for Retrospective Column Anlyt Nes; 28 units to 10 units. Reasons for denial were unclear.

### 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 Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, and Urine Drug Testing

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to detect opioid misuse/addiction. According to the ODG guidelines, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. High risk of addiction and aberrant behavior includes minimal objective findings are documented to explain pain. Symptom magnification can be noted. Patients with suicidal risks or poorly controlled depression may be at higher risk for intentional overdose when prescribed opioids for chronic pain. In this case, the patient has been taking opioids since at least 10/2013. UDS taken on 2/7/2014 and 10/11/2013 were both inconsistent with prescribed medications. Tramadol and Hydrocodone were not detected possibly due to non-compliance and aberrant behavior. However, the reason for inconsistency was not discussed. There was no management response concerning this issue. Moreover, the present request as submitted failed to indicate date of service for retrospective UDS. The request is incomplete; therefore, the request for Retrospective Urine drug screen is not medically necessary.

**Chromatography Qual:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, and Urine Drug Testing

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to detect opioid misuse/addiction. According to the ODG guidelines, 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 questioned drugs only Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). 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 taking opioids since at least 10/2013. UDS taken on 2/7/2014 and 10/11/2013 were both inconsistent with prescribed medications. Tramadol and Hydrocodone were not detected. The reason for inconsistency was not addressed. There was no management response concerning this issue. Moreover, the present request as submitted failed to indicate date of service for

retrospective chromatography. The request is incomplete; therefore, the request for Retrospective Chromatography Qual is medically necessary.

**Column Analyt Nes; 28 units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to detect opioid misuse/addiction. According to the ODG guidelines, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. Standard drug classes recommended include Cocaine, Amphetamines, Opiates, Opioids, Marijuana, Barbiturates, and Benzodiazepines. In this case, the patient has been taking opioids since at least 10/2013. UDS taken on 2/7/2014 and 10/11/2013 were both inconsistent with prescribed medications. Tramadol and hydrocodone were not detected. The reason for inconsistency was not addressed. However, the request for 28 analytes is more than the necessary drugs to be tested under the recommended guidelines. Therefore the request for Retrospective Column Analyt Nes; 28 units is not medically necessary.