

<b>Case Number:</b>	CM14-0065654		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/17/1999
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 low back pain reportedly associated with an industrial injury of May 17, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 30, 2014, the claims administrator denied a request for Percocet and apparently partially certified a request for six qualitative drug screens as one qualitative drug screen. The applicant's attorney subsequently appealed. Drug testing of October 23, 2013 was reviewed and included quantitative testing for multiple opioid metabolites, despite the fact that the applicant was positive for the apparent drug classes. Similarly, quantitative testing for various carisoprodol metabolites was also performed, although the applicant was positive for the parent compounds. In a progress note dated October 23, 2013, the applicant reported persistent complaints of low back pain, 5/10. The applicant stated that medications diminished her pain. The applicant was using Soma, Biofreeze, and Zanaflex. The applicant was given a Toradol injection in the clinic. Drug testing was performed on this occasion. The applicant's work status was not provided. On June 5, 2014, the applicant again presented with persistent complaints of low back pain. The applicant acknowledged that current medication usage was not helping. The patient had 7/10 pain with medication was reported versus 10/10 pain without medications. The applicant was using Norco, Zanaflex, oxycodone, Motrin, and Soma, it was acknowledged. Oxycodone was prescribed. The applicant's work status was not furnished. On May 9, 2014, the applicant presented with persistent complaints of low back and neck pain. The patient had 8/10 pain with medications versus 10/10 pain without medications was noted. The attending provider wrote in some section of the report that the applicant was ambulatory while then writing that the applicant was ambulating with a walker and

a cane in another section of the report. The attending provider then stated that the applicant needed assistance with self-care and was unable to drive.

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

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

#### **Drug screen, qualitative, single drug class qty 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state when an applicant was last tested and clearly identify which drug tests and/or drug classes he intends to test. In this case, the attending provider did not clearly state what drug tests and/or drug panels are being sought. The attending provider did not state when the applicant was last tested. ODG further suggests stratification of applicants into lower risk, intermediate risk, and/or higher risk categories for which lesser or more frequent testing is indicated. In this case, there is no attempt made to stratify the applicant into these categories. Therefore, the request is not medically necessary.

#### **Percocet 10/325 mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic; Opioids, Ongoing Management topic Page(s): 80; 78.

**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 because of the same. In this case, however, these criteria have not been met. The applicant is seemingly off work. The applicant's drops in pain scores from 10/10 to 8/10 on one occasion and 10/10 to 7/10 on another occasion appears to be minimal to negligible and are outweighed by the attending provider's reports that the applicant's pain medications are not helping. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possibility dose of opioids be prescribed to improve pain and function. In this case, however, the applicant has been given several prescriptions for multiple short-acting opioids, including Norco, Percocet, and

oxycodone. It is unclear why so many different short-acting opioids are needed here. Therefore, the request is not medically necessary.