

<b>Case Number:</b>	CM14-0067116		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Family 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:

Patient is a 47-year-old male who has submitted a claim for lumbar post laminectomy syndrome, lumbosacral intervertebral disc degeneration, hypertension, insomnia, depression, and lumbosacral spondylosis without myelopathy associated with an industrial injury date of 6/14/2006. Medical records from 2013 were reviewed. Patient complained of persistent low back pain radiating to the left lower extremity, described as burning, shooting, and stabbing. Aggravating factors included ascending stairs, changing positions, bending, jumping, pushing, and walking. Symptoms were relieved by heat, ice, trigger point injections, and medications. Physical examination of the lumbar spine showed moderate spasm and tenderness. Range of motion was limited secondary to pain. Motor strength and reflexes were intact. Hydrocodone serum testing from 8/27/2013 showed positive Hydrocodone and Hydromorphone levels. There were no recent progress records available for review. Treatment to date has included anterior and posterior lumbar fusion, trigger point injections, use of hot/cold modality, and medications such as Voltaren gel, Flexeril, Nucynta, and Norco. Utilization review from 4/18/2014 denied the request for Fentanyl/Meperidine/Hydrocodone & Metabolite Serum because there was no documentation of suspected drug abuse. There was likewise no documentation of use of Fentanyl or Meperidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl/Meperidine/Hydrocodone & Metabolite Serum: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug testing, & Non-steroidal anti-inflammatory drugs Pag.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing and Gas Chromatographic Analysis of Meperidine and Normeperidine: Determination in Blood After a Single Dose of Meperidine, J Pharm Scie 1982 Feb; 71 (2): 166-8.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, and (ODG) was used instead. Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. 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. An article from Journal of Pharmaceutical Sciences stated that gas chromatography using either blood or urine may be used to determine Meperidine levels. In this case, Hydrocodone serum testing from 8/27/2013 showed positive Hydrocodone and Hydromorphone levels - consistent with prescribed medications. There is no discussion concerning aberrant drug behavior that may warrant this request. Moreover, patient is not on fentanyl and Meperidine prescription. Lastly, the current clinical and functional status of the patient is unknown because the latest progress report available for review was from November 2014. Therefore, the request for Fentanyl/Meperidine/Hydrocodone & Metabolite Serum is not medically necessary.