

<b>Case Number:</b>	CM14-0068972		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Internal Medicine, and is licensed to practice in Arizona. 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:

This is a 62-year-old female who on March 31, 2008, wrenched her back when she tried to catch a patient who fainted. Her diagnoses include cervical disease, lumbago, lumbar radiculitis/neuritis and depression. She had a cervical MRI and electromyography (EMG)/nerve conduction studies of both upper and lower extremities in March 2014; the results are not on the chart. Her medications include Flector patch (Diclofenac), and various compounded formulations which include Amitriptyline, Dextromethorphan, Tramadol, Gabapentin, Flexeril, Capsaicin and menthol. The medication lists along with the progress notes are barely legible. Additionally, some of the laboratory assessments were barely legible. She has had several urine toxicology tests. On December 16, 2013 it was positive for Tramadol. She had a repeat test on January 22, 2014, which was positive for Tramadol. On March 5, 2014 she had repeat urine toxicology (positive for sertraline and Tramadol) and two non-traditional labs 1) a Proove Drug Metabolism profile which assesses the rate of clearance for drugs commonly prescribed in the chronic pain setting and 2) a Proove DNA Receptor, Narcotic Risk Profile. The former test determined she had normal rate of clearance of opioids. The latter stated she scored a 17, which reflected a medium genetic disposition for Narcotic risk. This case is requesting retroactive coverage for the Urine Toxicology test ordered March 5, 2014. It is unclear why the doctor felt a need to repeat urine toxicology 6 weeks after 2 urine toxicology results came back appropriately positive for Tramadol without any inappropriate findings. It is also unclear why the nontraditional Proove labs were ordered. The medical record does not report any concerning patient behaviors such as drug-seeking. Additionally there was no documentation suggesting that the doctor was considering upgrading the topical analgesics containing Tramadol to stronger, oral opiates.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology (DOS 3/5/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 85, 94.

**Decision rationale:** The MTUS recommends frequent random urine toxicology screens as one of numerous steps to avoid opioid misuse and addiction. Furthermore, it states that the ongoing opioid management includes the use of drug screening or inpatient treatment for individuals with issues of abuse, addiction, or poor pain control. The criteria that is listed to suggest serious substance misuse includes: A) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); B) procurement of opioids from more than one provider on a regular basis; C) diversion of opioids; D) urine toxicology screen negative for prescribed drugs on at least 2 occasions (An indicator of possible diversion); and E) urine toxicology screen positive on at least 2 occasions for opioids not routinely prescribed. This patient has not displayed any of these aberrant behaviors. The physician has not indicated any concern regarding inadequate pain control on her regimen of topical compounds containing Tramadol; nor has he mentioned intent to upgrade the opiates to something stronger. Her two fairly recent drug screens and the lack of concerning behavior in essence make obtaining urine toxicology not medically necessary.