

Case Number:	CM14-0179548		
Date Assigned:	11/04/2014	Date of Injury:	06/06/2013
Decision Date:	02/26/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 56 year old male with a date of injury of 6/6/13. The mechanism of injury was noted to be secondary to a fall. Medical records from April 2014 through September 2014 were provided. Diagnoses include cervical herniated nucleus pulposus, cervical radiculopathy, right pectoralis major muscle tear status post repair, right elbow and right knee arthralgia, right medial epicondylitis, right wrist carpal tunnel syndrome and right cubital tunnel syndrome. Treatment has include medications, acupuncture, physical therapy, home exercise program, and activity modification. The acupuncture was noted to have provided 30% relief primarily with range of motion at the cervical spine. Records reflect that Norco was prescribed for at least 8 months. Work status was noted to be temporarily partially disabled. Electromyogram and nerve conduction velocity of the right upper extremity on 1/14/14 showed no evidence of ulnar neuropathy or cubital tunnel syndrome, and abnormal median motor and sensory amplitude consistent with polyneuropathy and compressive neuropathy. Magnetic resonance imaging (MRI) of the right shoulder on 6/25/13 showed severe osteoarthritis, supraspinatus tendiopathy and partial thickness tear. The physician progress note of 9/16/14 documents that neck pain was unchanged since last visit and rated 6/10 on the pain scale. Physical examination showed tenderness to palpation of the cervical spine with pain on range of motion of the neck, and decreased rotation and lateral bend at the cervical spine, decreased sensation in the right C5, C6, C7, and C8 dermatomes, decreased strength in the right upper extremity and decreased reflexes in the bilateral upper extremities. Medications included Norco, flexeril, ketoprofen cream, and omeprazole. The documentation notes that the injured worker last

worked on 7/1/13 and that work status was temporarily partially disabled, with activity restrictions. Physician review of the Magnetic Resonance Imaging (MRI) of the cervical spine from 5/7/14 showed herniated nucleus pulposus at C3-4 and C4-5 with central canal stenosis. Norco and ketoprofen cream were renewed, and norflex ER and naproxen were prescribed. The documentation notes that the physician requested medication panel to verify hepatic and renal function and to maximize medication safety, and that urine drug screen was requested to verify medication compliance. On 9/16/14, a Request for Authorization was submitted for urine drug screen single times ten, assay of urine creatinine, assay of body fluid acidity, and spectrophotometry, for diagnosis of cervical herniated nucleus pulposus. On 10/20/14, Utilization Review modified the request for drug screen, single times 10, to approve one urine toxicology screen due to the use of Norco, and non-certified requests for assay of urine creatinine, assay of body fluid acidity, and spectrophotometry, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assay of urine creatine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation Chronic pain chapter: NSAIDS, hypertension, and renal function; Chronic pain chapter: urine drug testing Erdbruegger, Uta et al. Etiology and diagnosis of prerenal disease and acute tubular necrosis in acute kidney injury. In UpToDate, Post, TW (Ed), UpToDate, Waltham, MA 2014

Decision rationale: Both the MTUS and ODG note that nonsteroidals (NSAIDS) such as ketoprofen, which has been prescribed for this injured worker, can cause fluid retention and elevation of blood pressure. NSAIDS are relatively contraindicated in patients with renal insufficiency. The MTUS and ODG recommend monitoring blood pressure and for evidence of fluid excess, but are silent as to recommendations for monitoring of renal function. The documentation reflects that the physician ordered laboratory testing to monitor renal function. Urine creatinine measurements vary depending on water intake and are not meaningful in isolation; measurement can be used in evaluation of causes of acute kidney injury. Serum creatinine is more commonly used to assess kidney function. Urine creatinine may also be used to detect tampering during the collection of urine for the purpose of urine drug screening. The documentation notes that the injured worker has been prescribed Norco for at least 8 months, however no results of urine drug screening tests were submitted in the records provided. There is no documentation of suspicion of aberrant behavior or misuse. Due to the lack of indication, the request for urine creatinine is not medically necessary.

Assay of body fluid acidity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain chapter: urine drug testing

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. If tampering is suspected, urine temperature, pH (a test for acidity, including that of urine, a body fluid), and creatinine concentration should be checked. The documentation notes that the injured worker has been prescribed Norco for at least 8 months, however no results of urine drug screening tests were submitted in the records provided. There is no documentation of suspicion of aberrant behavior or misuse. Due to the lack of indication, the request for assay of body fluid acidity is not medically necessary.

Spectrophotometry: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines p. 43, 77-78, 89, 94. Decision based on Non-MTUS Citation chronic pain, urine drug testing

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Screening tests are based on immunoassays, with confirmatory testing for specific drug identification performed by gas chromatography, mass spectrometry, or liquid chromatography. The documentation notes that the injured worker has been prescribed Norco for at least 8 months, however no results of urine drug screening tests were submitted in the records provided. For this reason, there is no medical necessity for a confirmatory test such as spectrophotometry, which would be used to identify a specific drug detected on screening testing.

Drug screen, single times 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): p. 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Chronic pain chapter, urine drug testing

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. The documentation submitted shows the injured worker has been using Norco, an opioid medication, for at least 8 months. There is no documentation of suspicion of aberrant behavior or misuse. In accordance with the guidelines, urine drug screens for this injured worker may be performed yearly. The requested number of urine drug screening assays is in excess of the guidelines. The request for drug screen, single times 10, is not medically necessary.