

<b>Case Number:</b>	CM14-0198735		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 3, 1999. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for Roxicodone (oxycodone) and four urine drug screens. The claims administrator referenced progress notes and RFA forms dated October 22, 2014, October 1, 2014, September 3, 2014, and September 30, 2014 in its determination. The applicant's attorney subsequently appealed. Urine drug testing performed on September 3, 2014 did include confirmatory and quantitative testing on approximately 10 to 15 different opioid metabolites, including oxycodone, noroxycodone, and oxymorphone. In a progress note dated October 1, 2014, the applicant reported persistent complaints of pain, 8/10. The applicant was incongruously referred to as "he" and "she" in various sections of the note. Oxycodone and urine drug testing were endorsed. The attending provider stated that these medications were helpful but did not elaborate further. The attending provider then stated that the applicant's pain was increased by movement. In a September 30, 2014 progress note, the applicant was described as having been given an "81% permanent disability" rating. The applicant was having difficulty performing activities of daily living such as cooking, reaching, cleaning, bathing, and grooming, it was acknowledged, despite ongoing medication consumption.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Roxicodone 30mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** 1. No, the request for Roxicodone (oxycodone), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 as a result of the same. Here, however, the applicant was/is off of work. The applicant did not appear to be working with an 81% permanent partial disability award. The applicant was having difficulty performing activities of daily living as basic as cooking, reaching, cleaning, grooming, etc., despite ongoing Roxicodone (oxycodone). The attending provider failed to outline any quantifiable decrements in pain achieved as a result of the same. The attending provider has failed to outline any quantifiable decrements in pain achieved as a result of the same. The applicant's commentary to the fact that pain still scored 8/10, however, implies that ongoing usage of Roxicodone (oxycodone) had not been altogether successful. Therefore, the request was not medically necessary.

**Urine Drug Screen (UDS) x 4:** Upheld

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

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

**Decision rationale:** 2. Similarly, the request for four urine drug tests/urine drug screens was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intermittent urine drug testing is recommended in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates an attending provider clearly state when an applicant was last tested, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, the attending provider did perform confirmatory and quantitative testing on at least one prior occasion, referenced above, September 3, 2014, despite the unfavorable ODG position on the same. No clear or compelling rationale for non-standard drug testing which included drug testing of 15 different opioid metabolites and seven different benzodiazepine metabolites was furnished by the attending provider. Such testing did not conform to the best practices of the United States Department of Transportation (DOT). ODG further stipulates that an attending provider attempt to categorize the applicants into higher- or lower-risk categories

for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not make any effort to try and categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. No rationale for four consecutive urine drug screens was furnished by the attending provider. Therefore, the request was not medically necessary.