

<b>Case Number:</b>	CM14-0200021		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	05/07/2001
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 reflex sympathetic dystrophy of the upper limb reportedly associated with an industrial injury of May 7, 2001. In a utilization review report dated November 1, 2014, the claims administrator partially approved a request for Norco and denied a urine drug screen outright. The claims administrator referenced an October 22, 2014 progress note in its determination. The applicant's attorney subsequently appealed. Drug testing performed on October 24, 2014 was apparently positive for several different opioid metabolites. Approximately 10 to 15 different opioid metabolites and 10 to 15 different benzodiazepine metabolites were tested for. Confirmatory and quantitative testing were performed on hydrocodone and norhydrocodone. In a progress note of the same date, October 24, 2014, the applicant reported ongoing complaints of bilateral elbow pain, 5/10. A surgical scar about the upper back associated with a spinal cord stimulator implant was evident. Norco and tizanidine were refilled. The applicant was apparently guarding his upper extremities. The applicant stated his pain levels were diminished from 8/10 without medications to 5/10 with medications. The attending provider stated that the applicant's pain medications were helping but did not elaborate or expound further. The applicant was kept off work, while Norco, Neurontin, and drug testing were endorsed. In a pain management note dated September 25, 2014, the applicant reported cramping and burning pain involving the bilateral upper extremities, left greater than right. The applicant had an indwelling spinal cord stimulator in place. The applicant continued to report issues with hypersensitivity and muscle spasms. The attending provider posited that the spinal cord stimulator was functional and beneficial. The applicant was using Norco four times daily. The applicant's disability status was unchanged, implying that the applicant was not working. On August 27, 2014, a topical compounded agent was furnished.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**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 as a result of the same. Here, however, the applicant was/is off work. While the applicant did report some reduction in pain scores from 8/10 to 5/10 on an office visit of October 24, 2014, referenced above, these are, however, outweighed by the applicant's seeming failure to return to work, the attending provider's continued reports that the applicant's guarding and limiting usage of the upper extremities, and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

### **1 Urine Drug Test:** Upheld

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

**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. ODG's Chronic Pain Chapter, Urine Drug Testing Topic, however, notes that an attending provider should clearly state what drug testing and/or drug panels are being tested for, attach an applicant's complete medication list to the request for authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider did perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. The testing for 10 to 15 different opioid and benzodiazepine metabolites did not conform to the best practices in the United States Department of Transportation (DOT). Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.

