

<b>Case Number:</b>	CM15-0004101		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 59 year old female who sustained an industrial injury on 09/26/2012. The injury was a repetitive stress injury causing bilateral upper extremity pain and paresthesias. Diagnoses include bilateral carpal tunnel syndrome, left deQuervain's release, carpal tunnel release, forearm tendonitis, bilateral shoulder pain, bilateral lateral epicondylitis, myofascial pain and chronic pain syndrome. Treatment has included medications and physical therapy. On 4/23/14, the physician documented that the injured worker was unable to tolerate gabapentin due to dizziness, she had not improved on Lyrica in the past, anti-inflammatory medications did not provide much relief, and that due to the intensity of her pain affecting her function, a trial of Norco was prescribed. On 6/4/14, the physician documented another prescription for Norco, and that there was no aberrant behavior. A urine toxicology screen was performed on 6/4/14 and was negative for all substances tested including opiates. A physician progress note dated 07/16/2014 it is documented the injured worker complains of persistent pain in her shoulders, arms and hands. She has increased pain with any use of her upper extremities. Her pain is worse with sitting and lifting. Her pain level is 8-10 in intensity without medication and with Norco her pain is 5-7 out of 10. The physician documented that the injured worker had a signed opioid agreement, and that there was no aberrant behavior. A urine toxicology screen was performed on 7/16/14, and the provider discussed the ACOEM and American Pain Society recommendations for urine drug screening. The treating provider is requesting Retro Quantitative drug screen: opiate drug & metabolites/amphetamine/methamphetamine/benzodiazepines/cocaine/metabolite phencyclidine/dihydrocodeinone/dihydromorphinone/methadone; quant single stationary &

mobile gabapentin/meprobamate/nortriptyline, performed 7/16/14. On 12/15/2014 the Utilization Review non-certified the request for Retro Quantitative drug screen: opiate drug & metabolites/amphetamine/methamphetamine/benzodiazepines/cocaine/metabolite phencyclidine/dihydrocodeinone/dihydromorphinone/methadone; quant single stationary & mobile gabapentin/meprobamate/nortriptyline, noting lack of concern for abuse, and citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro Quantitative drug screen: opiate drug & metabolites/amphetamine/methamphetamine/benzodiazepines/cocaine/metabolite phencyclidine/dihydrocodcinone/dihydromorphinone/methadone; quant single stationary & mobile gabapentin/meprobamate/nortriptyline: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing p. 43, opioids p. 77- 78, p. 89, p. 94 Page(s): p. 43, 77- 78, p. 89, p. 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. Random collection is recommended. Results of testing should be documented and addressed. In this case, initiation of opioid therapy with norco was in April 2014. A urine drug screen in June of 2014 was negative for opioids. This was not consistent with the prescription of Norco, and was not addressed in the progress notes. Another urine drug screen was ordered on 7/16/14, although the provider did not discuss the results of the June 2014 urine toxicology test and documented no aberrant behavior. The documentation submitted does not state that the injured worker was considered to be at moderate or high risk of abuse; in this circumstance, urine drug testing should be done within six months of initiation of therapy then yearly. The June 2014 urine drug screen would have represented an initial test, and another urine drug screen would not be recommended until one year later. The testing was performed more frequently than

recommended by the guidelines, and the inconsistent results were not addressed by the physician. In addition, the urine drug screening was performed at office visits, not randomly as recommended by the guidelines. Due to the testing frequency in excess of that recommended by the guidelines, the lack of physician discussion of results, and the lack of performance of random testing, the retrospective request for urine drug screen for substances listed on 7/16/14 is not medically necessary.