

<b>Case Number:</b>	CM15-0102384		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/23/1998
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old male, who sustained an industrial injury on 08/23/1998 after falling from a horse. He has reported subsequent head, shoulder, neck and back pain and was diagnosed with status post cervical spine fusion surgery, thoracic, lumbar and bilateral shoulder sprain/strain. Treatment to date has included oral and injectable pain medication, physical therapy, home exercise program and surgery. In a progress note dated 03/20/2015, the injured worker complained of neck pain radiating to the bilateral upper extremities with numbness and tingling, constant mid and low back pain with radiation to the right lower extremity with numbness and tingling and constant bilateral shoulder pain. Objective findings were notable for tenderness to palpation along the trapezius and thoracic and lumbar paraspinal muscles bilaterally with palpable spasms, positive straight leg raise bilaterally and an antalgic gait. A request for authorization of urine drug screen, MRI of the thoracic spine, Norco and Proove narcotic risk lab test was submitted in May of 2015 but no medical documentation was submitted to indicate the reason for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Urine drug testing.

**Decision rationale:** The 45-year-old patient presents with constant neck pain, rated at 8/10, radiating to bilateral upper extremities; constant mid back pain, rated at 5/10; and constant lower back pain, rated at 7/10, radiating bilaterally lower extremities, as per progress report dated 04/06/15. The request is for urine drug screen. The RFA for the case is dated 05/08/15, and the patient's date of injury is 08/23/98. Diagnoses, as per progress report dated 04/06/15, included thoracic spine sprain/strain, lumbar radiculopathy and bilateral shoulder sprain/strain. The patient is status post cervical spine surgery. Medications included Gabapentin, Norco, Prednisone, Oxycontin and Nexium. The reports do not document the patient's work status. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the patient has been using Norco, an opioid, at least since 01/27/15. A urine drug screen dated 02/18/15 has also been provided for review and is consistent with medication use. The treating physician does not discuss the patient's opioid dependence risk and the reason for such frequent screening. MTUS only supports annual urine toxicology tests in low-risk patients. Hence, the request is not medically necessary.

**MRI (magnetic resonance imaging) Thoracic Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines, Lower back & Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance imaging (MRIs).

**Decision rationale:** The 45-year-old patient presents with constant neck pain, rated at 8/10, radiating to bilateral upper extremities; constant mid back pain, rated at 5/10; and constant lower back pain, rated at 7/10, radiating bilaterally lower extremities, as per progress report dated 04/06/15. The request is for MRI (magnetic resonance imaging) thoracic. The RFA for the case is dated 05/08/15, and the patient's date of injury is 08/23/98. Diagnoses, as per progress report dated 04/06/15, included thoracic spine sprain/strain, lumbar radiculopathy and bilateral shoulder

sprain/strain. The patient is status post cervical spine surgery. Medications included Gabapentin, Norco, Prednisone, Oxycontin and Nexium. The reports do not document the patient's work status. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back & Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)' does not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the request MRI is noted in progress report dated 01/27/15. An MRI of the thoracic spine, dated 01/30/15 was provided for review, indicating that the patient has already undergone the procedure. The report revealed mild anterior wedging of the T7 involving the superior endplate. Progress report dated 01/27/15 does not discuss any findings related to the thoracic spine, while physical examination, as per progress report dated 02/18/15, revealed tenderness to palpations and spasms along the paravertebral musculature. The reports, however, do not document any neurologic signs or symptoms. Hence, the MRI is not medically necessary.

**Norco 10/325 mg Qty 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The 45-year-old patient presents with constant neck pain, rated at 8/10, radiating to bilateral upper extremities; constant mid back pain, rated at 5/10; and constant lower back pain, rated at 7/10, radiating bilaterally lower extremities, as per progress report dated 04/06/15. The request is for Norco 10/325mg QTY: 90. The RFA for the case is dated 05/08/15, and the patient's date of injury is 08/23/98. Diagnoses, as per progress report dated 04/06/15, included thoracic spine sprain/strain, lumbar radiculopathy and bilateral shoulder sprain/strain. The patient is status post cervical spine surgery. Medications included Gabapentin, Norco, Prednisone, Oxycontin and Nexium. The reports do not document the patient's work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Norco is first noted in progress report dated 01/27/15, and the patient has been taking the medication consistently at least since then. As per progress report dated 04/06/15, medications help reduce pain from 10/10 to 7/10. An UDS report dated 02/18/15 is consistent with Norco use. The treater does not provide examples of ADLs that indicate improvement in function. No CURES reports are available for review. The treater does not discuss the side effects of Norco as well. MTUS requires a clear discussion regarding the 4A's, including analgesia, ADLs, adverse side effects, and aberrant behavior. Hence, this request is not medically necessary.

**Proove narcotic risk lab test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain (Chronic) chapter, Genetic testing for potential opioid abuse.

**Decision rationale:** The 45-year-old patient presents with constant neck pain, rated at 8/10, radiating to bilateral upper extremities; constant mid back pain, rated at 5/10; and constant lower back pain, rated at 7/10, radiating bilaterally lower extremities, as per progress report dated 04/06/15. The request is for Proove Norcotic risk lab test. The RFA for the case is dated 05/08/15, and the patient's date of injury is 08/23/98. Diagnoses, as per progress report dated 04/06/15, included thoracic spine sprain/strain, lumbar radiculopathy and bilateral shoulder sprain/strain. The patient is status post cervical spine surgery. Medications included Gabapentin, Norco, Prednisone, Oxycontin and Nexium. The reports do not document the patient's work status. ODG Guidelines, Pain (Chronic) chapter, Genetic testing for potential opioid abuse, state that genetic testing is "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations." In this case, a prescription for Norco is first noted in progress report dated 01/27/15, and the patient has been taking the medication consistently at least since then. None of the progress reports discusses this request. A review of the available reports indicates that the patient underwent urine drug screen on 02/18/15. Additional genetic testing for opioid abuse is not supported by ODG guidelines due to lack of consistent studies and adequate statistics. Hence, this request is not medically necessary.