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| <b>Case Number:</b>   | CM15-0137012 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 11/19/2012 |
| <b>Decision Date:</b> | 08/28/2015   | <b>UR Denial Date:</b>       | 06/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2015 |

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for chronic shoulder, elbow, arm, and wrist pain reportedly associated with an industrial injury of November 19, 2012. In a utilization review report dated June 12, 2015, the claims administrator failed to approve a request for Norco and a 12-panel urine drug screen. The claims administrator referenced a May 26, 2015 progress note and an associated RFA form of June 4, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 4, 2015 RFA form, Norco, Desyrel, and an in-office 12-panel urine drug screen were sought, along with a Spanish interpreter. In an associated progress note dated May 26, 2015, the applicant reported ongoing complaints of low back, bilateral shoulder, and bilateral upper extremity pain. The applicant had comorbidities including hypertension and diabetes, it was reported. The applicant was on Norco, Norvasc, glipizide, metformin, and Voltaren, and Prilosec prior to the encounter, it was reported. The applicant was not working, it was acknowledged in the social history section of the note. The applicant had developed derivative complaints of psychological stress and depression, it was further noted. Norco was renewed. Trazodone and Flector patches were also prescribed. It was suggested (but not clearly stated) that the request for trazodone represented a first-time request of the same, apparently being given for issues with sleep disturbance. Drug testing was performed, the results of which were not clearly reported. It was not stated when the applicant's last drug testing took place. On May 7, 2015, the applicant reported ongoing complaints of shoulder, elbow, hand, and wrist pain. The applicant was described as having diffuse multi-factorial pain complaints status post failed shoulder arthroplasty. Ancillary complaints of elbow and wrist pain were noted. The applicant was given LidoPro Gel, oral diclofenac, and Prilosec. The applicant was kept off of work, on total temporary disability. The applicant's complete medication list was not, however, detailed. It was stated at the bottom of the report that the applicant was using Percocet, Lodine, Voltaren, Prilosec, and Norco. Little to no discussion of

medication efficacy transpired. The applicant was described as frustrated with his symptoms. The applicant was placed off of work, on total temporary disability, via an earlier note dated April 7, 2015 where 8/10 pain complaints were reported.

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

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

#### **Norco (Hydrocodone-APAP) 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7. When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, 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 off of work, on total temporary disability, it was acknowledged on multiple progress notes, referenced above. The applicant was described as frustrated with his pain complaints on office visits of April 7, 2015 and May 7, 2015. The applicant reported 8/10 pain complaints on April 7, 2015. The attending provider had failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

#### **12 Panel urine drug screen in house (random): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Similarly, the request for a 12-panel urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. 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, stipulates that an attending provider should attach the applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug testings and/or drug panels he intends to test for, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the May 27, 2015 progress note in which the drug testing in question was ordered did

not clearly state when the applicant was last tested. There was no attempt made to categorize the applicant into higher- or lower-risk categories for whom more or less frequent drug testing would have been indicated. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.