

<b>Case Number:</b>	CM15-0141989		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Emergency 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 47-year-old, male who sustained a work related injury on 11-20-13. The diagnoses have included thoracic spondylosis without myelopathy, thoracic pain, and lumbar spondylosis without myelopathy, lumbar radiculopathy and lumbago. Treatments have included thoracic facet joint injections without much benefit, physical therapy with massage therapy, home exercises, oral medications, topical pain creams, lumbar epidural steroid injections, cervical epidural injection, occasional marijuana use, and chiropractic treatments. In the PR-2 dated 5-21-15, the injured worker reports an increase in neck and back pain since last visit. He rates his mid back pain a 6-8 out of 10. He states mid back pain is worse than his lower back pain. He rates his lower back pain a 6-7 out of 10. Both areas of pain can increase to 8 out of 10. He has increased burning in his left leg. He reports that spasms continue from back of head to lower back, left worse than right. He reports recurrent and persistent headaches. Upon physical exam, he has diffuse tenderness of the left cervical paraspinous region. He has decreased range of motion in all planes with cervical, thoracic and lumbar spine. He has decreased sensation in left C5, C6 and C7 dermatomes. He has decreased sensation in left L4 and L5 dermatomes. Motor strength is 5 out of 5 bilaterally. He states taking the Norco pain medication 3-4 times a day helps to reduce his pain about 50% and allows him to increase his walking distance by at least 10 minutes. He complains of occasional nausea and upset stomach but he is not sure it is due from taking Norco. He is currently not working. The treatment plan includes a repeat urine toxicology screen, prescriptions for medications and lab tests.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Urine Drug Screen and Quantitative Urine Confirmation:** 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 (ODG) "Pain (Chronic)", "Urine Drug Testing".

**Decision rationale:** While the MTUS Chronic pain guidelines and ACOEM guidelines have general recommendations concerning urine drug testing, both guidelines do not adequately deal with quantitative testing. As per Official Disability Guidelines (ODG), routine quantitative drug screening is not recommended due to variability in volume, concentration, metabolism etc. that makes the results none diagnostic. Patient is chronically on opioids with abnormal THC in urine. There is no documentation by provider as to why another urine drug screening was requested and why specifically why a quantitative level was needed. Quantitative Urine Drug screen is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The provider has documented some improvement in pain and function with this medication. However, urine drug screen is positive for THC. Provider states that the patient has a medical marijuana card from another provider. This appears to be a violation of pain contract as documentation seems to hint that primary provider was not aware of this. The primary provider has also decided to switch patient to Butrans. Due to violation of pain contract and issues with marijuana use, Norco is not medically necessary.

### **Labs:** 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 NSAIDs, specific drug list and adverse effects Page(s): 70.

**Decision rationale:** As per MTUS Chronic pain guidelines, ACOEM guidelines and ODG, guidelines do not recommend routine lab testing except in case of patients chronically on NSAIDs or targeted. There is some sections in the ACOEM concerning the use of CBC to help in testing for certain inflammatory conditions or infectious causes. The requested lab request is incomplete. Provider notes that "lab test" were for renal and liver function. While liver function testing may be warranted due to chronic acetaminophen use, there is no documentation of patient being on chronic NSAIDs and there is no prior lab results provided for review. The request is not appropriate or complete since "labs" is an open ended and vague request that mean almost any lab test. "Labs" is not medically necessary.