

<b>Case Number:</b>	CM15-0143388		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic elbow, shoulder, and neck pain reportedly associated with an industrial injury of May 25, 2010. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve a request for a urine drug screen while partially approving a request for Norco, seemingly for weaning or tapering purposes. The claims administrator referenced an RFA received on July 1, 2015 and associated progress notes of June 25, 2015 and May 26, 2015 in its determination. The applicant's attorney subsequently appealed. On May 26, 2015, the applicant reported ongoing complaints of bilateral upper extremity and low back pain with radiation of pain to the bilateral lower extremities. The applicant also had upper extremity paresthesias associated with suspected complex regional pain syndrome (CRPS), it was reported. 8-9/10 pain complaints were reported. The attending provider stated that the applicant was still having difficulty performing activities of daily living as basic as gripping, gardening, and opening jars. The applicant estimated that she can only walk up to 100 yards. The applicant stated that she was having difficulty shopping for grocery secondary to her pain complaints. Somewhat incongruously, the attending provider then reported in another section that the applicant's ability to perform activities of self-care and personal hygiene had been ameliorated as a result of ongoing medication consumption. The attending provider also suggested that the applicant's ability to perform unspecified household chores was ameliorated as a result of ongoing Norco and Flexeril usage. The applicant was apparently in the process of applying for disability, it was suggested towards the bottom of the report. Motrin, Flexeril, and/or Norco

were renewed and/or continued. The attending provider stated toward the bottom of the report that usage of Norco was diminishing the applicant's pain complaints to 8-9/10 without medications to 4/10 with medications. The applicant had had previous drug testing on March 27, 2015, it was reported. On June 25, 2015, the attending provider noted that the applicant had ongoing pain complaints in the 6-7/10 range toward the top of the note. The attending provider again stated that the applicant's medications were beneficial in terms of ameliorating the applicant's ability to perform activities of self-care and personal hygiene and perform unspecified household chores. Multiple medications were renewed and/or continued. Drug testing was sought. The attending provider suggested that the applicant was at moderate opioid risk. In an applicant questionnaire dated May 26, 2015, the applicant acknowledged that she was presenting for the purpose of having the attending provider endorse her application for disability.

### **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, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

**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:** No, the request for urine drug testing was 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 attach an 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 testing or drug panels he intends to test for and why, and attempt to categorize the applicants into higher-or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, nor did the attending provider signal his intention to eschew confirmatory and/or quantitative testing here. It was not stated precisely which drug tests and/or drug panels were being tested for. A June 25, 2015 progress note did not establish precisely which drug tests and/or drug panels were being tested for. Therefore, the request was not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, Hydrocodone/Acetaminophen, Weaning of Medications.

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

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise 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 and in the process of applying for disability, she herself acknowledged on a questionnaire dated May 26, 2015. While the attending provider stated that the applicant's medications were beneficial in terms of attenuating the applicant's pain complaints, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary on May 26, 2015 and June 25, 2015 that ongoing usage of Norco was ameliorating the applicant's ability to perform activities of self-care and personal hygiene and perform unspecified household chores did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing Norco usage. The commentary made on May 26, 2015 to the effect that the applicant was unable to shop for groceries without a cart, can only walk up to 100 to 200 yards continuously, and was having difficulty opening jars, coupled with the applicant's failure to return to work, outweighed any subjective reports of analgesia effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.