

<b>Case Number:</b>	CM15-0149484		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 62-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of June 16, 2011. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve requests for Norco and a urine drug screen. The claims administrator referenced an RFA from received on July 8, 2015 and an associated progress note of June 18, 2015 in its determination. The applicant's attorney subsequently appealed. On April 16, 2015, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of shoulder pain. The applicant was asked to pursue shoulder surgery. On April 27, 2015, the applicant underwent a left shoulder arthroscopic rotator cuff repair procedure. On June 18, 2015, the applicant was described as having undergone earlier shoulder surgery, some two months prior. Multifocal complaints of low back, shoulder, neck, low back pain was reported, 5 to 6/10. The applicant was asked to continue Norco and pursue additional postoperative physical therapy while remaining off of work. Drug testing was endorsed. It was not stated when the applicant was last drug tested. The applicant was asked to continue usage of a TENS unit and lumbar support. The applicant's complete medication list was not furnished on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 remained off of work, on total temporary disability, as reported on June 18, 2015. Pain complaints in the 5 to 6/10 range were reported. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) suspected as a results of ongoing Norco usage on that date. Therefore, the request was not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen (UDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of 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:** Similarly, the request for a 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 acknowledge that drug testing is recommended as an option to assess for the presence or absence of illegal drugs 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 tests or drug panels he intends to test for and why, and attempt to conform to the best practice of United States Department of Transportation (DOT) when performing drug testing. Here, however, the June 18, 2015 progress notes did not clearly identify when the applicant was last tested. While the treating provider acknowledged that the applicant was using Norco, the treating provider did not discuss what (if any) other medications the applicant was or was not using. It was not stated when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practice to 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 indicated. Therefore, the request was not medically necessary.