

<b>Case Number:</b>	CM15-0186450		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	02/11/2005
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, Illinois

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 injured worker is a 65 year old male who sustained an industrial injury on 02-11-2005. According to a progress report dated 08-21-2015, the injured worker reported increased pain to his right knee. Intensity of pain was rated 8 on a scale of 1-10 with 10 being the worse. He reported that walking for approximately 10-15 minutes aggravated his right knee. Objective findings included 180 degrees extension on the right and 70 degrees flexion on the right with range of motion. McMurray's test was positive on the right. There was medial joint line tenderness on the right. Chondromalacia patellar compression test was positive on the right. There was crepitus notice to the right knee upon movements. The injured worker utilized a cane and right knee brace for support. Diagnoses included cervical spine sprain strain with C5-C6, C6-C7 herniated nucleus pulposus and upper extremity radiculitis with positive diskogram, lumbosacral spine multiple disks with radiculitis radiculopathy, right shoulder positive impingement, right wrist carpal tunnel syndrome and right knee internal derangement. The treatment plan included recommendations for an MRI of the right knee to rule out possible meniscal tear, refill medications which included Norco, Ambien, Xanax, Nexium, Zanaflex, Flector patches and Zoloft. The provider noted that the injured worker was tested for medications currently in their system to monitor compliance with the pharmacological regimen and to identify any possible drug interactions related to multiple prescribing physicians. The provider noted that the injured worker was tested for anti-convulsants, antidepressants, benzodiazepines, barbiturates, methadone, methylphenidate, opiates, oxycodone, propoxyphene, sedative hypnotic agents and miscellaneous narcotics. The injured worker had been previously declared permanent and stationary. He was to return in 6 weeks for a follow up. A

comprehensive drug panel report dated 08-21-2015 was submitted for review. The results showed "none detected" for the substances that were tested. There were no other drug screen reports submitted for review. Documentation submitted for review shows use of Norco, Ambien, Xanax, Zanaflex, and Sertraline dating back to May of 2015. An authorization request dated 08-26-2015 was submitted for review. The requested services included chromatography quantitative 42 units. On 09-19-2015, Utilization Review non-certified the request for chromatography quantitative 42 units (comprehensive drug panel) quantity 1 (retrospective date of service 08-21-2015).

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

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

**Chromatography, quantitative 42 units (comprehensive drug panel), Qty 1, (retrospective DOS 08/21/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** The injured worker sustained a work related injury on 02-11-2005. The medical records provided indicate the diagnosis of cervical spine sprain strain with C5-C6, C6-C7 herniated nucleus pulposus and upper extremity radiculitis with positive diskogram, lumbosacral spine multiple disks with radiculitis radiculopathy, right shoulder positive impingement, right wrist carpal tunnel syndrome and right knee internal derangement. Treatments have included Norco, Ambien, Xanax, Zanaflex, and Sertraline dating back to May of 2015. The medical records provided for review do not indicate a medical necessity for Chromatography, quantitative 42 units (comprehensive drug panel), Qty 1, (retrospective DOS 08/21/2015). The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS is silent on Quantitative and Confirmatory testing. The Official Disability Guidelines states that urine drug tests are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This guidelines states that Confirmatory testing allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen. The Official Disability Guidelines recommends that confirmatory testing should not be done when point of care screen is appropriate for the prescribed drugs without evidence of non-prescribed substances; but recommends confirmatory test for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. The official Disability Guidelines states that Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual

variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. Additionally, the Official Disability Guidelines recommends, as follows: 1. A detailed list of all drugs the patient is taking including over-the-counter drugs and herbal preparations must be included in the request accompanying the test. When using confirmatory testing, this allows for the lab to provide accurate assessment. The progress note should also indicate a complete list of drugs with the last time of use of specific drugs evaluated for. 2. There should be specific documentation for the necessity of confirmatory testing of drug class panels such as antidepressants, benzodiazepines, acetaminophen and salicylates. Routine confirmatory screening of these classes of drugs is generally reserved for emergency department testing for overdose patients. It is not clear from the medical records why this test is being requested since this injured worker had a comprehensive drug panel test on 08/21/15. The medical records did not provide any information on the injured workers risk stratification. The Official Disability Guidelines recommends testing individuals at low 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. 4. 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. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. 5. 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. 6. If a urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the questioned drug. If negative on confirmatory testing the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or non-compliance. Additional monitoring is recommended including pill counts. Therefore, it is not possible to determine the medical necessity of this requested test based on the available information.