

<b>Case Number:</b>	CM15-0190906		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 73 year old female who reported an industrial injury on 4-12-2012. Her diagnoses, and or impressions, were noted to include: bilateral upper extremity cervical radiculopathy; left total shoulder replacement (4-2013); status-post posterior foragamentomy & fusion (3-2014) with residual pain; chronic neck pain; status-post anterior four-level decompression and fusion (6-17-15) with pseudoarthrosis at cervical 6-7, with loosening of plate & screws, and radiculopathy; and anxiety, depression and insomnia secondary to chronic pain. No imaging studies were noted. Her treatments were noted to include: surgeries; psychiatric consultation and treatment 3-27-15); physical therapy; home health care; medication management with toxicology studies (4-1-15); and rest from work. The progress notes of 9-1-2015 reported a return visit for complaints which included: constant neck pain, rated 5 out of 10,, with radiation down the right arm; anxiety, stress and insomnia; being status-post cervical spine surgery on 6-17-2015 and though still restriction of motion, was pleased with the improvement in her neck with complete improvement of neurological symptoms and feeling much better; residual right shoulder pain and had not yet started physical therapy ; and that her current medications included a Medrol dose pack. The objective findings were noted to include: a clean-dry-intact incision; satisfactory and solid x-rays; and the need to begin the approved post-surgical physical therapy along with the continuation of her medications. The physician's requests for treatment were noted to include having the final results from a urine drug test performed, sent out for final confirmation. The Request for Authorization, dated 9-1-2015, was

noted to include final confirmation of urine drug test results. The Utilization Review of 9-23-2015 non-certified the request for the final confirmation of urine drug test results.

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

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

#### **Final confirmation of urine drug test results: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor- shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids .The patient was on opioids at the time of request. However the patient has a low abuse profile and recommendations only recommend once a year testing in these patients. The patient has already had on urine drug screen in the year and therefore the request is not medically necessary.