

<b>Case Number:</b>	CM15-0205292		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	10/11/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 foot and ankle pain reportedly associated with an industrial injury of October 11, 2014. In a Utilization Review report dated September 30, 2015, the claims administrator partially approved a request for Norco while failing to approve a request for a urine toxicology test (urine drug test) outright. A September 15, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 12, 2015, the attending provider appealed both denials. The attending provider suggested that the applicant was using tizanidine and Norco. On September 15, 2015, the applicant reported ongoing complaints of low back pain radiating on the right leg. Lower extremities paresthesias were reported, the treating provider stated in another section of the note. The attending provider stated the applicant was avoiding going to work, exercises, performing household chores, and participating in recreational activity secondary to pain complaints. MRI imaging was sought. Nine sessions of acupuncture were endorsed. Norco was renewed. The applicant was placed off of work, on total temporary disability. Tizanidine was likewise renewed. An in-office drug test was performed. Said in-office test was positive for opioids and negative for other items on the panel, the treating provider stated. There was no mention when the applicant was last tested, however.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Weaning of Medications.

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

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted in 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, on total temporary disability, the treating provider reported on September 15, 2015, pain complaints as high as 7 to 9/10 were reported on that date. Activities as basic as sitting, standing, walking, performance of household chores, participating in recreational activities, exercising and the like had all been limited secondary to applicant's pain complaints, the treating provider acknowledged. All of foregoing, taken together, argued against the applicant's having profited from ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.

**Retrospective 8 panel urine toxicology test (DOS: 09/15/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic): Urine drug testing (UDT) (2015).

**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:** Similarly, the request for an 8-panel urine toxicology (AKA urine drug testing) was performed on September 15, 2015 was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option in the chronic pain population, to assess for the presence or absence of illegal drugs, 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 outside of the emergency department drug overdose context, which clearly states which drug tests and/or drug panels he intends to test for, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be

indicated. Here, however, there was no mention of the applicant being higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. It was not stated when the applicant was last tested. The attending provider neither signaled his attention to eschew confirmatory or quantitative testing nor signal his intention to conform to the best practices of the [REDACTED] when performing drug testing here. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request is not medically necessary.