

<b>Case Number:</b>	CM14-0148010		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

A 51 yr. old male claimant sustained a work injury on 4/9/12 involving the right shoulder and wrists. She was diagnosed with a right rotator cuff tear and right carpal tunnel syndrome. A progress note on 5/20/14 indicated the claimant had 6/10 pain with medication. Exam findings were notable for mild ulnar neuropathy, + tinel's sign on the right, and decreased range of motion of the right shoulder. The claimant had been using Norco, Naproxen, ice/heat, a TENS unit, and doing exercise. A progress note on 8/13/14 indicated similar exam findings with 6/10 pain and continuation of Norco 10/325 mg BID and Naproxen 550 mg BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for a Urine drug screen DOS 08/06/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** 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. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should attach an applicant's complete medication list to the request for authorization for testing, clearly identify when an applicant was last tested, should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and should clearly attach an applicant's medication list to the request for authorization for testing. The attending provider should also eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, ODG further notes. In this case, however, the attending provider did not clearly identify when the applicant was last tested. The attending provider did go on to perform confirmatory and quantitative testing, despite the unfavorable ODG position on the same. The attending provider also went to test for a variety of opioid and benzodiazepine metabolites, which did not conform to the best practices of the United States Department of Transportation (DOT). Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.

**Norco 7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; When to Continue Opioids Page(s): 79; 80.

**Decision rationale:** 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. In this case, while the attending provider has reported some reduction in pain levels achieved as a result of ongoing Norco usage, this is seemingly outweighed by the applicant's failure to return to any form of work and the attending provider's failure to document any meaningful improvements in function achieved as a result of ongoing Norco therapy. The attending provider's comments that the applicant's ability to sleep and move about has been ameliorated as a result of ongoing Norco therapy appears to be marginal to negligible, one which is outweighed by the applicant's seemingly failure to return to work. Similarly, page 79 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that opioids should be discontinued in applicants who report continued pain with the evidence of intolerable adverse effects. In this case, the applicant is, in fact, reporting intolerable adverse effects with opioids, including somnolence/sedation, poor energy level, loss of motivation, and moodiness. Continued opioid therapy is not indicated in light of the foregoing. Therefore, the request for Norco is not medically necessary.