

<b>Case Number:</b>	CM15-0120261		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/01/2002
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on November 1, 2002, incurring left knee and left ankle injuries. He was diagnosed with a fracture of the left ankle and left knee strain. He underwent knee surgery in 2006 and surgical hardware removal in 2014. Treatment included pain medications, pain management, massage therapy, anti-inflammatory drugs, muscle relaxants and work restrictions and modifications. Currently, the injured worker complained of persistent left knee and ankle pain, and muscle spasms radiating into the left calf, left foot and left thigh. The pain is aggravated by bending, descending stairs, lifting, walking, and standing. The treatment plan that was requested for authorization included a urine drug screen, laboratory testing, and a prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

**Decision rationale:** The patient has chronic left ankle and left knee pain that radiates to the left leg. The current request is for Urine Drug Screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2-3 times a year with confirmatory testing for inappropriate or unexplained results. 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. In this case, the patient received a UDS on 1/21/15 (26b) that is reported as consistent. There is no Opioid risk assessment found in the medical records provided to indicate that the patient is at high risk. The current request is not medically necessary.

**CBC (includes DIFF/PLT), EIA9 W/ALCOHOL+RFLX URINE, Liver Panel, Acetaminophen, Hydrocodone & Metabolite, Serum, Urinalysis, Complete:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66, 23, 64, 78, 80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The patient has chronic left ankle and left knee pain that radiates to the left leg. The current request is for CBC (includes DIF/PLT), EIA9 with Alcohol + rflx urine, liver panel, acetaminophen, hydrocodone and metabolite, Serum, Urinalysis complete. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The patient's current medication prescribed is Norco. In this case, the treating physician has requested lab work above and beyond the recommendations from the MTUS guidelines. These tests are not recommended per MTUS as only the CBC would be supported with NSAID prescription and there is no documentation of NSAIDs for this patient. The requested testing is not medically necessary.

**Norco 10/325 mg 1 PO TID #90 refills 3 MED=30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 81, 82, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient has chronic left ankle and left knee pain that radiates to the left leg. The current request is for Norco 10/325mg 1 PO TID #90. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. Furthermore, the MTUS recommends against the use of chronic and daily use of opioids as they have not been shown to provide long-term functional benefit and leads to dependence and depletion of the body's supply of endorphins, causing depression. In this case, the treating physician has documented that the patient has 50% pain relief with opioid usage, the patient is able to exercise, walk farther and go bowling as a result of medication usage. There are no adverse side effects with medication usage and no aberrant behaviors are noted. The documentation provided is consistent with the MTUS guidelines and the patient has functional improvement with opioid usage. The current request is medically necessary.