

<b>Case Number:</b>	CM15-0171295		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 61-year-old who has filed a claim for chronic upper back, shoulder, and low back pain reportedly associated with an industrial injury of July 31, 2002. In a Utilization Review report dated August 21, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes while denying a request for urine drug testing. The claims administrator referenced an RFA form received on August 14, 2015 and an associated progress note of July 27, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 27, 2015, the applicant reported worsening complaints of low back, shoulder, and knee pain. The applicant was on Flexeril and Norco, it was reported. Multiple medications were renewed. The applicant was depressed, it was reported. Permanent work restrictions were renewed at the bottom of the report. The attending provider acknowledged that the applicant had failed to return to work with said permanent limitations in place. The attending provider's stated that the applicant's medications facilitate performance of unspecified activities of daily living, but did not elaborate further. Drug testing was apparently performed. It was not stated when the applicant was last tested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg #60:** 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): Opioids, criteria for use.

**Decision rationale:** No, the request for hydrocodone (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was off of work, it was reported on July 27, 2015. While the attending provider did state that the applicant's medications were reducing the applicant's pain complaints, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) suspected as a result of ongoing hydrocodone usage. Therefore, the request was not medically necessary.

**Urine toxicology test:** 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:** Similarly, the request for urine toxicology testing (AKA urine drug testing) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option to assess for the presence or absence of illegal drugs in the chronic pain population, the MTUS does not establish specific parameters for or identify the 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 testing outside of the emergency department drug overdose context, clearly state what drug tests and drug panels he intends to test for and why, and attempt to categorize the applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, while the attending provider renewed and/or continued Norco, Flexeril, and Xanax on July 27, 2015, it was not clear that these medications represented the applicant's complete medication list. It was stated when the applicant was last tested. The attending provider neither signaled his attention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practice of the United States Department Transportation when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

