

<b>Case Number:</b>	CM15-0179695		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 58 year old male, who sustained an industrial-work injury on 2-1-13. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and sprain, lumbar radiculopathy, bilateral shoulder derangement and bilateral carpal tunnel syndrome. Treatment to date has included medication, diagnostics, off of work, home exercise program (HEP) and other modalities. Medical records dated 7-27-15 indicate that the injured worker complains of cervical, wrist, hand and back pain. He also complains of shoulder pain and lumbar spine pain that radiates down the right lower extremity (RLE). The pain is rated 4-6 out of 10 on the pain scale. The bilateral wrist pain is associated with numbness and tingling. The current medications included Xanax and Ambien. Per the treating physician report dated 7-27-15 work status is temporarily totally disabled. The physical exam dated 7-27-15 reveals decreased cervical range of motion, there is tenderness and spasm over the trapezius muscles and positive impingement sign. The Phalen's test is positive to the bilateral wrists and there is tenderness to palpation along the carpal bones bilaterally. There is decreased lumbar range of motion, tenderness along the lumbar spine, tenderness and spasm along the paravertebral muscles bilaterally and positive straight leg raise test bilaterally. The physician indicates that Norco was prescribed for pain as needed. The treating physician indicates that the urine drug test result dated 7-7-15 was inconsistent with the medication prescribed. The request for authorization date was 8-12-15 and requested service included a Narcotic risk lab test. The original Utilization review dated 8-20-15 non-certified the request for a Narcotic risk lab test.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Narcotic risk lab 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): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated, additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)" would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: "Low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. "Moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. "High risk" of adverse outcomes may require testing as often as once per month. There is documentation provided with an inconsistent UDS to suggest issues of abuse, misuse, or addiction. The patient is classified as moderate risk. This is a request for Narcotic risk lab testing for genetic risk of abuse and not for a repeat UDS. As such, the current request for Narcotic risk lab test is not medically necessary.