

<b>Case Number:</b>	CM15-0066981		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	07/14/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 54-year-old male who sustained an industrial injury on 7/14/12. He/ She have reported initial complaints of injury to the left ankle after rolling it jumping from one rock to another while working in forestry. The diagnoses have included closed fracture of navicular bone of foot, pain in joint ankle and foot, opioid dependence, hallux valgus and injury to peroneal nerve. Treatment to date has included medications, activity modifications, diagnostics, pain management, injections, and physical therapy, which were partially beneficial. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left ankle, x-ray of the left ankle, computerized axial tomography (CT scan) scan of the left ankle and urine drug screen. The current medications included Percocet. The urine drug screen dated 1/13/15 was inconsistent with prescribed medications. Currently, as per the physician progress note dated 4/6/15, the injured worker complains of constant pain in the ankles, rated 8/10 on pain scale and is alleviated with use of medications. It was noted that he has had recent history of falls and uses a cane and brace as assistive device. The physical exam revealed that the injured worker was unable to do to walk, he ambulated with straight point cane, left antalgia was noted and he was wearing a strapped left ankle brace. The left toe was dragging with initial 2-3 steps and then he is able to correct it. There was lumbar tenderness noted. The physician noted that the injured worker needed to be monitored with urine drug screens due to having inconsistent results in the past. The physician requested treatment included Random urine drug screens within a 12 month period Quantity of 4.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Random urine drug screens within a 12 month period Qty: 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 143.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These 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. (Passik, 2000)(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The California MTUS does recommend urine drug screens as part of the criteria for ongoing use of opioids. The patient was on opioids at the time of request, however the request is for 4 urine drug screens. Without knowing future opioid use and aberrant behavior patterns, this amount cannot be approved and does not meet criteria. The request is not medically necessary.