

<b>Case Number:</b>	CM15-0095446		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	09/04/1996
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 63-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 4, 1996. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve requests for Norco and a urine toxicology screen. The claims administrator referenced a RFA form received on April 27, 2015 and an associated progress note of April 2, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 13, 2015, a re-evaluation, Norco, and urine drug testing were sought. In an associated progress note dated April 2, 2015, Norco was renewed. The applicant had undergone an earlier left knee total knee arthroplasty procedure, it was acknowledged. 8/10 pain without medications versus 4/10 pain with medications was reported. The attending provider stated that unspecified activities of daily living were ameliorated as a result of ongoing medication consumption. The applicant's work status was not detailed. Norco and Ambien were also endorsed via a RFA form dated March 12, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for 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's work status was not outlined on multiple progress notes of early 2015 and late 2014, suggesting that the applicant was not working. While the attending provider did outline some reported reduction in pain scores from 8/10 to 4/10 achieved as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status and the attending provider's failure to outline material and/or meaningful improvements in function effected as a result of ongoing opioid usage (if any). Therefore, the request was not medically necessary.

**Urine toxicology screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Similarly, the request for urine toxicology testing was likewise not medically necessary, medically appropriate, or indicated here. 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. ODG's Chronic Pain Chapter Urine Drug Testing, 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 identify when an applicant was last tested, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the applicant's complete medication list was not attached to the request for authorization for testing. It was not clearly established when the applicant was last tested. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

