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| <b>Case Number:</b>   | CM14-0145569 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 08/08/2002 |
| <b>Decision Date:</b> | 10/23/2014   | <b>UR Denial Date:</b>       | 08/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 60 year old male who had a work related injury on 08/08/02. It is reported that he attempted to pull a 40 lb. box of meat that was stacked up high in the storage freezer, when he was injured. He was up on a ladder, when he pulled the meat out and it tried to drop to the ground, his fingers got caught in a strap around the box and forcibly pulled his arms downward toward the floor. He has immediate, severe left neck, upper trap, arm, and hand pain, but continued to work. The most recent medical record submitted for review is dated 06/05/14. He is in for a follow up today. He continues to report functional pain relief from current medication regimen and denies any side effects. His chief complaint is left cervical radicular pain and stiffness and left shoulder pain and the injured worker is getting more depressed due to his chronic pain. The pain is described as a sharp, pins and needles, stabbing, numbness, pressure, electrical/shooting weakness. The pain is always constant. It is aggravated by cold, activity, standing, and walking. Alleviating factors are heat, rest, sitting, and medications. Pain is rated on a good day 5/10, on a bad it is 10/10. Today it is 8/10. Current medications are Alprazolam, Methadone, Roxycodone 15mg, Gabapentin, Prilosec, and Prozac. On physical examination, speech is fluent, cranial nerves 2-12 are intact, cervical examination well-healed, ACDF incision, tender to palpation at C7-8, moderately severe left paracervical and parascapular tenderness. Flexion is 45 degrees, right lateral and left lateral flexion 45 degrees. Hyperextension is 75 degrees. Right lateral and left lateral rotation is 55 degrees. Negative Hoffman's and negative Spurling's maneuver. Gait is normal. Decreased left upper extremity discomfort, giveaway weakness left shoulder, positive Tinel's over the left cubital tunnel. Hand grip strength on the right is 5/5; the left hand grip is 4+/5. Decreased sensation to pin prick over the left C3 and left C4, decreased distal left ulnar distribution and decreased sensation in the left upper extremity. Diagnoses cervical radiculopathy and cervical myofascial pain syndrome.

Shoulder pain chronic and dyspepsia. Prior utilization review on 08/08/14 was modified from 240 to #80 to initiate weaning and non-certified the urine toxicology screen. Current request is for a prescription of Roxycodone 15mg #240 modified to 1 prescription for Roxycodone 15mg #80 and 1 urine toxicology screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 PRESCRIPTION OF ROXICODONE 15MG #240 -- MODIFIED TO 1 PRESCRIPTION OF ROXICODONE 15MG #80: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** Prior utilization review on 08/08/14 was modified from 240 to #80 to initiate weaning. As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Therefore the request is medically necessary.

#### **1 URINE TOXICOLOGY SCREEN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** As noted on page 43 of the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "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. Patients at "high risk" of

adverse outcomes may require testing as often as once per month. The injured worker had a UDS 06/2014. As such, the request for urine drug screen is not medically necessary.