

<b>Case Number:</b>	CM13-0030303		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 6, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and opioid therapy. In a Utilization Review Report dated October 8, 2013, the claims administrator partially certified Norco, reportedly for weaning purposes. Somewhat incongruously, the claims administrator stated that Norco was effectively controlling the applicant's pain and keeping the applicant functional, the applicant subsequently appealed. In a handwritten letter dated October 2, 2013, the applicant stated that ongoing usage of pain medication was keeping him functional. The applicant stated that he had moved to [REDACTED] owing to the fact that his pain had flared up during colder weather in the [REDACTED] winter. The applicant stated that he could not live without his medications and that Norco was controlling his pain from a 5-7 to 1-2 and was working well. The applicant also stated that Neurontin and Skelaxin were likewise keeping him functional and has done so over the past 10 years. The applicant stated that he had tried alcohol to control his pain in the past but wanted to eschew further alcohol consumption owing to the fact that he was afraid that this would cause renal damage. In an appeal letter of September 30, 2013, the applicant's former treating provider stated that Norco, Skelaxin, Gabapentin, and Nexium had been beneficial. The attending provider acknowledged that the applicant was last seen on March 30, 2012 and had since moved to [REDACTED]. The attending provider stated that the applicant should be allowed a six-month supply of medications between office visits owing to the fact that he was travelling from [REDACTED] and also that former usage of medications was ameliorating the applicant's ability to do light chores and walk one to two hours a day with breaks. The attending provider suggests that the applicant

continue on Norco, Skelaxin, Neurontin, and Valium. A drug testing dated September 6, 2013 was positive for three different opioid metabolites, as several nonstandard items were tested; also positive were Ethyl Glucuronide and Ethyl Sulfate, Alcohol Metabolites.

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

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

#### **1 PRESCRIPTION OF NORCO 10/325MG #90 WITH 5 REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, When to Discontinue Opioids Topic pages 79, 84-86 and on the Non-MTUS Alcohol 2011 Sep-Oct;46(5):553-7. Epub 2011 May 26. Urinary Ethyl Glucuronide and Ethyl Sulfate testing for recent drinking in alcohol-dependent outpatients treated with Acamprosate or Placebo. Dahl H1, Hammarberg A, Franck J, Helander A.

**Decision rationale:** As noted in an October 2011 Alcohol Article, both Ethyl Glucuronide and Ethyl Sulfate are accurate, sensitive, and specific biomarkers for recent alcohol ingestion. Thus, urine drug testing performed on September 6, 2013 which was positive for both Ethyl Glucuronide and ethyl sulfate did, in fact, suggest recent alcohol ingestion. These positive drug test results, coupled with the applicant's own self-report that he was drinking heavily, should lead the primary treating provider to suspect issues with opioid misuse and/or supplementation of analgesics with alcohol, neither of which are recommended, as suggested on pages 84, 85, and 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Given the applicant's self-report of heavy alcohol ingestion and positive alcohol drug test results, discontinuing opioid therapy is a more appropriate option than continuing opioid therapy, as suggested on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.