

<b>Case Number:</b>	CM13-0030816		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 patient is a 30-year-old male who reported a work-related injury on 5/12/11 due to a fall. The patient has been declared permanent and stationary since 11/14/12, with a 13% whole person impairment rating. The patient has refused lumbar surgery after getting two surgical opinions, but has completed physical therapy, and has had lumbar epidural blocks twice with temporary relief. The patient's medications are listed as Lorzone 750 mg, #60 and Norco 10/325mg, #100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorzone 750mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**Decision rationale:** The recent clinical documentation submitted for review states that the patient presented with constant, severe pain in his low back radiating to the bilateral legs, rated as an 8/10 to 9/10 in severity. It was noted that medications brought the pain level down to 3/10. Objective findings noted tenderness to the right sacroiliac joint. The California MTUS Chronic

Pain Medical Treatment Guidelines indicate that muscle relaxants, including Lorzone, are recommended with caution as a second-line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Guidelines state that the efficacy appears to diminish over time, and prolonged use of these medications may lead to dependence. Per the clinical documentation submitted, the patient was not noted to have findings of muscle spasms. The patient also was not noted to be using Lorzone for the short-term treatment of acute exacerbations of chronic low back pain. The clinical documentation presented for review does not support the request for Lorzone.

**Norco 10/325, #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

**Decision rationale:** The clinical note dated 8/7/13 stated that the patient would be started on Norco 10/325 mg, #100 for pain. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that an ongoing review of the patient's pain relief, functional status, appropriate medication use, and side effects should be documented. Guidelines further state that 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. There was a lack of documentation noting the patient's functional improvements or benefits which could be objectively measured due to the use of Norco. The patient was not noted to have a satisfactory response to treatment, which would be indicated by decreased pain, increased level of function, and/or improved quality of life. Since the California MTUS Chronic Pain Medical Treatment Guidelines only recommend the continued use of Norco if there is documented functional improvement, the request is non-certified.

**renting a transcutaneous nerve stimulator (TENS unit):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS: chronic pain Page(s): 114-117.

**Decision rationale:** The clinical note dated 10/4/13 stated that the patient used his TENS unit four times daily, which was very beneficial; however, the California MTUS Chronic Pain Medical Treatment Guidelines indicate that transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines further state that a home-based treatment trial of 1-month may be appropriate for neuropathic pain. Physical exam of the patient in the clinical documentation submitted for review did not indicate any neuropathic signs or symptoms. The

patient was noted to have normal strength, reflexes and sensations. There was no evidence given of functional benefits which could be objectively measured due to the use of a TENS unit. There was also a lack of documentation stating if the patient was in a program of evidence-based functional restoration. As such, the request for the rental of a transcutaneous nerve stimulator is non-certified.

**periodic urinalysis testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter: Urine Drug Testing.

**Decision rationale:** The clinical documentation submitted for review stated that the patient was taking Lorzone and Norco, and a note dated 10/4/13 indicated that the patient had lab work done on 8/15/13. The California MTUS Chronic Pain Medical Treatment Guidelines indicate that using a urine drug screen to assess for the use or the presence of illegal drugs is an option; however, there was a lack of documentation noting that the patient had prior inconsistencies in his urine drug testing, that he had a history of drug abuse, or aberrant drug-seeking behaviors. The lab work done on 8/15/13 was not included in the request. The Official Disability Guidelines indicate that patients at high risk of adverse outcomes may require testing as often as once per month. Patients at low risk of addiction/aberrant behavior should be tested within six months of the initiation of therapy and on a yearly basis thereafter. Therefore, the decision for periodic urinalysis testing is non-certified.