

<b>Case Number:</b>	CM13-0056114		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 43-year-old female who reported an injury on 01/20/2010. The mechanism of injury was not stated. The injured worker is currently diagnosed with neuralgia, neuritis, and radiculitis unspecified; mononeuritis of an unspecified site; and post laminectomy syndrome in the lumbar region. The injured worker was evaluated on 12/18/2013. The injured worker reported improvement in following a lumbar sympathetic nerve block. Physical examination revealed tenderness to palpation, decreased motor strength, decreased sensation in the S1 dermatome, and positive straight leg raising. Treatment recommendations at that time included a refill of Norco as well as continuation of a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FOLLOW-UP OFFICE VISIT:** 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), Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the injured worker continuously demonstrates noncompliance with the current medication regimen of Norco 10/325mg, as evidenced by negative findings upon urine toxicology screening. There is no documentation of a significant musculoskeletal or neurological deficit. The injured worker does not currently utilize any other medication. The injured worker is currently participating in a home exercise program. Based on the aforementioned points, the medical necessity for the followup visit has not been established. Therefore, the request for Follow-Up Office Visit is non-certified.

**URINE DRUG SCREENING:** 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), Urine Drug Testing(UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43; 77; 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the injured worker has continuously demonstrated noncompliance with the current medication regimen of Norco 10/325 mg, as evidenced by negative findings upon urine toxicology screening in 07/2013, 09/2013, 11/2013, and 01/2014. Therefore, ongoing repeat screening cannot be determined as medically appropriate. As such, the request for Urine Drug Screening is non-certified.

**NORCO 10/325MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone(Norco).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized Norco 10/325 mg since 03/2013. However, there is no evidence of objective functional improvement. The injured worker continuously demonstrates noncompliance with the current medication regimen of Norco 10/325 mg, as evidenced by negative findings upon urine toxicology screening. Based on the clinical

information received and the California MTUS Guidelines, the request for Norco 10/325MG #120 is non-certified.