

<b>Case Number:</b>	CM13-0058449		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/21/2004
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 New York and Massachusetts. 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 claimant has a history of injuries on 12/30/1995 and 9/21/2004, as well as history of cumulative trauma from 7/15/1983 to 2/3/2005. He has had chronic symptoms, including neck pain, shoulder pain, elbow pains, numbness/tingling in the fingers, chest pain, respiratory symptoms, back pain, leg pain, erectile dysfunction, urinary frequency, and psychological symptoms. He has not been working. He has been treated with various medications for his pain, including Hydrocodone and NSAIDs. On 9/25/2013, urine toxicology showed no Hydrocodone (inconsistent with the Hydrocodone being prescribed at the time). Desipramine/imipramine was detected in the urine (inconsistent with his prescribed medications). On 10/23/2013, he reported that he was currently taking Hydrocodone, which was helping his symptoms. He received a left shoulder steroid injection. A urine sample was taken to monitor medication use. Ongoing Hydrocodone was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 80-82, 84-85.

**Decision rationale:** The records do not establish that the claimant was symptomatically improved significantly or receiving functional benefit from Hydrocodone. For instance, he remained out of work during the duration of time that this medication was being prescribed. The Norco, therefore, was not medically necessary. This determination is consistent with MTUS Chronic Pain Medical Treatment Guidelines, which indicate that long-term efficacy of this treatment is unclear, but appears limited. The Guidelines also recommend that functional outcomes be followed, which in this case did not demonstrate functional benefit from the Hydrocodone.

**RETROSPECTIVE URINALYSIS/DRUG 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), 7TH EDITION REGARDING URINE DRUG SCREEN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Section Page(s): 94-95.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do recommend frequent random urine toxicology screens (p. 94), but this is in the context of mitigating misuse/addiction (pp. 94 - 95), which would imply a proper review of prior urine toxicology results, as well as other measures, e.g., pill counts at each visit. The records do not establish that a proper and complete review of the prior urine toxicology results (including follow up actions appropriate to the discordant results of prior testing) was being performed, as well as other measures to mitigate misuse/addiction, in order to warrant ongoing urine toxicology. The request is not medically necessary or appropriate.