

<b>Case Number:</b>	CM13-0063083		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/15/2003
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 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 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 who reported an injury on August 15, 2013. The mechanism of injury was not provided for clinical review. The diagnoses included chronic postoperative pain, chronic pain syndrome, postlaminectomy syndrome, lumbar radiculitis, degeneration intervertebral disc, lumbago, sciatica, degeneration of intervertebral, thoracic, dorsal fracture, cervicgia, and osteoporosis. Previous treatments included aquatic therapy, surgery, medications, and cognitive behavioral therapy. Within the clinical note dated October 3, 2013, it was reported that the injured worker complained of neck and low back pain. In the physical examination, the provider noted cervical range of motion was flexion at 40 degrees and extension at 10 degrees. The lumbar range of motion was flexion limited to 15 degrees and extension at -5 degrees. The provider noted some give-way weakness in the bilateral lower extremities and tenderness to palpation throughout the thoracic and lumbar paraspinal bilateral sciatic notches. The provider requested for Norco, testosterone laboratory CBC and CMP, and 1 in-house rehabilitation at [REDACTED]. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated October 30, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The injured worker complained of neck and low back pain. The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing functional benefit and improvement. The request as submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided for clinical review. The injured worker has been utilizing the medication since at least October of 2013. Therefore, the request for Norco 10/325 mg, ninety count, is not medically necessary or appropriate.

**One lab for testosterone, CBC (complete blood count), and CMP (comprehensive metabolic panel):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effect Page(s): 70, 110-111.

**Decision rationale:** The injured worker complained of neck and low back pain. The Chronic Pain Medical Treatment Guidelines note testosterone replacement is recommended in limited circumstances for employees taking high dose long-term opioids with documentation of low testosterone levels. The guidelines also note periodic laboratory monitoring of a chemistry profile including liver and renal function. The guidelines recommend measuring liver transaminases within to four to eight weeks after starting therapy, but the interval of repeating laboratory tests after this treatment duration should not be established. Routine blood pressure monitoring, however, is recommended. The documentation included reports the injured worker had been taking NSAIDs since at least January of 2013. The request exceeds the recommended four to eight week time period that the guidelines recommend after starting therapy. The request was unclear as to when the laboratory monitoring was last performed. Therefore, the request for one lab for testosterone, CBC, and CMP is not medically necessary or appropriate.

**One in house drug rehab at [REDACTED]:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Detoxification.

**Decision rationale:** The injured worker complained of neck pain and low back pain. The Official Disability Guidelines note detoxification is most commonly recommended when there is evidence of substance misuse or abuse, evidence that medication is non-efficacious, or evidence of excessive complications related to use. Detoxification is defined as medical intervention that manages an injured worker's withdrawal symptoms. The request submitted does not specify the reason the injured worker is needing to utilize a rehab center. There is a lack of documentation indicating the injured worker had evidence of substance misuse or abuse. Therefore, the request for One in house drug rehab at [REDACTED] is not medically necessary or appropriate.