

<b>Case Number:</b>	CM13-0065800		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/08/2002
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 has a subspecialty in Interventional Spine 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 patient is a 66 year old male with an injury date of 05/08/02. Based on the 11/07/13 progress report provided by [REDACTED], the patient's diagnoses include lumbar sprain/strain with radiculopathy in the right leg, right shoulder impingement, cervical strain/sprain with headaches, and cervical/thoracic/lumbar myofascial pain syndrome. [REDACTED] is requesting the following: 1) Norco 5/325 mg #100 2) Urine Drug Screen The utilization review determination being challenged is dated 11/27/13 and recommends denial of both the Norco and the Urine Drug Screen. [REDACTED] is the requesting provider, and he provided treatment reports from 06/07/13- 11/07/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325MG #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, WEANING OF MEDICATIONS..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88, 89.

**Decision rationale:** According to the 11/07/13 progress report by [REDACTED], the patient presents with lumbar sprain/strain with radiculopathy in the right leg, right shoulder impingement, cervical strain/sprain with headaches, and cervical/thoracic/lumbar myofascial pain syndrome. The 10/03/13 progress report by [REDACTED] is the first report to request for Norco 5/325 mg #100. The 11/07/13 progress report requests for Norco; however, there is no discussion regarding how Norco has been instrumental in improving this patient's function and quality of life from when the patient began taking Norco on 10/03/13. There were no pain scales provided either. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what the impact Norco has had on this patient in terms of pain and function. Recommendation is for denial.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, URINE DRUG SCREENS..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG: CRITERIA FOR USE OF URINE DRUG TESTING

**Decision rationale:** According to the 11/07/13 progress report by [REDACTED], the patient presents with lumbar sprain/strain with radiculopathy in the right leg, right shoulder impingement, cervical strain/sprain with headaches, and cervical/thoracic/lumbar myofascial pain syndrome. The request is for Urine Drug Screen. While MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risks opiate users, ODG Guidelines provides a clearer guideline for low risk opiate users. It recommends once yearly urine drug screen following initial screening within the first six months for management of chronic opiate use. Review of submitted documents indicates that the patient does not present with a high risk for opiates abuse. The patient had prior UDS's on 4/18/13, 4/25/13, and the current request is for 10/15/13. The treater does not explain why this patient has to have 3 UDS's in 2003. There were no concerns raised to warrant a more frequent UDS's to help manage this patient's opiates use. Recommendation is for denial.