

<b>Case Number:</b>	CM14-0008807		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/26/2000
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 & 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 45-year-old female who reported an injury on 05/26/2000. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 01/03/2014, the injured worker complained of memory hesitation with nausea. She reported her headaches had improved on Topamax. The injured worker rated pain at 7/10 in severity. Upon the physical exam, the provider noted the injured worker was clear, cognizant, and unimpaired for medications; and was exhibiting a relaxed facial expression. The injured worker has diagnoses of cervical degenerative disc disease with neck pain and spasms, chronic occipital headaches, depression and anxiety. The provider requested for urine drug screen, Norco for pain, and Dilaudid for occasional headaches. The Request for Authorization of the urine drug screen was provided and dated 01/06/2014. However, the Request for Authorization of Norco and Dilaudid was not provided in the clinical documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The request for 1 urine drug screen is not medically necessary. The injured worker complained of memory hesitation with nausea. She noted her headaches had improved while on Topamax. The California MTUS Guidelines recommend a urine drug screen test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. The documentation provided indicated the last urine drug screen was completed on 01/03/2014. Therefore, the request of a urine drug screen is not medically necessary.

**NORCO 10/325MG #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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 request for Norco 10/325 mg #270 is not medically necessary. The injured worker complained of memory hesitation with nausea. She noted her headaches had improved while on Topamax. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The guidelines also 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 and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for Norco 10/325 mg #270 is not medically necessary.

**DILAUDID 4MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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 request for Dilaudid 4 mg is not medically necessary. The injured worker complained of memory hesitation with nausea. She noted her headaches had improved while on Topamax. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include current pain; the least reported pain over the

period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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 and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the request failed to provide the frequency of the medication. Therefore, the request for Dilaudid 4 mg is not medically necessary.